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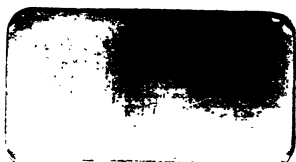
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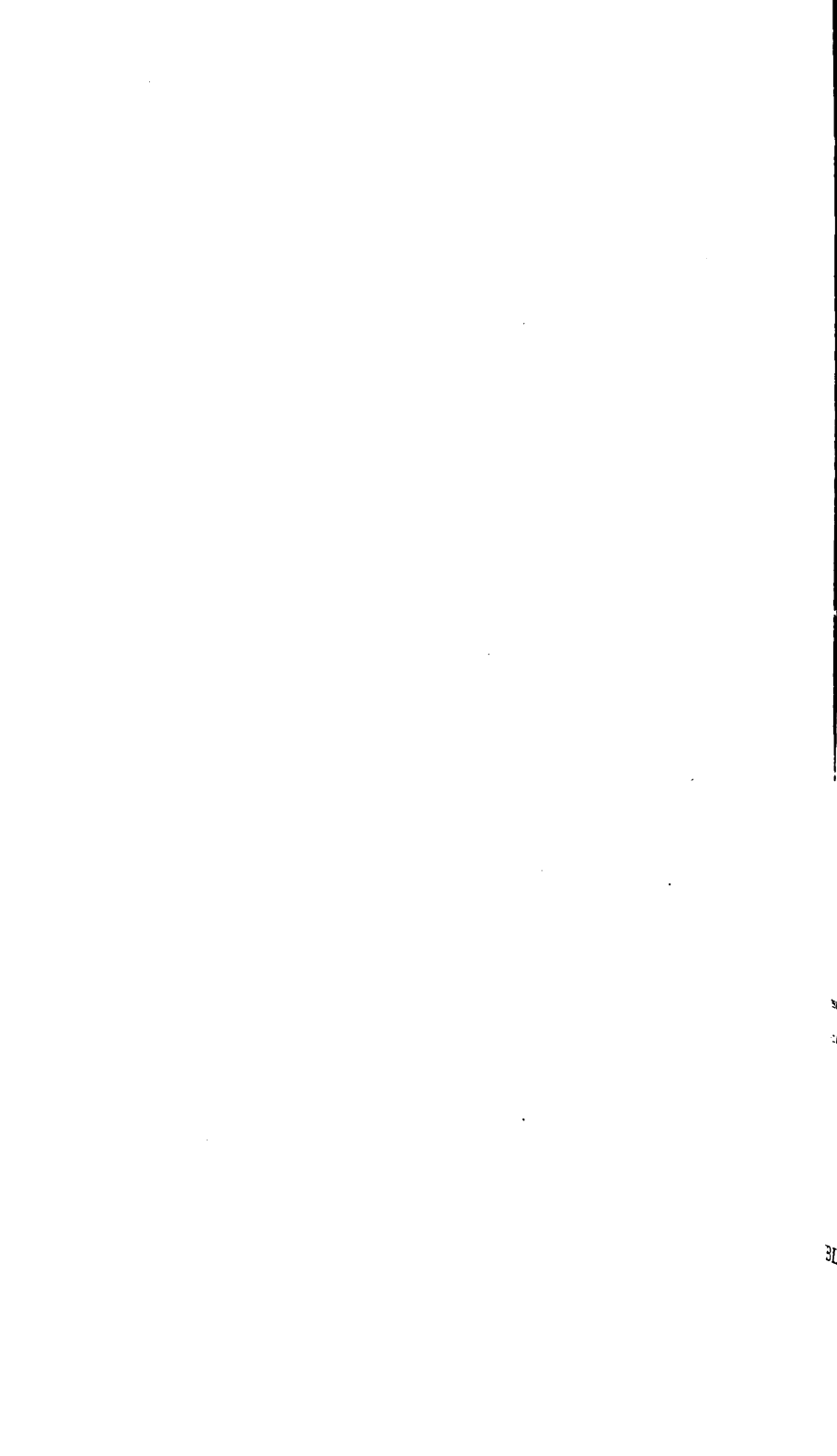
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THE
**AMERICAN MEDICAL
INTELLIGENCER.**

A CONCENTRATED RECORD OF MEDICAL SCIENCE AND LITERATURE.

From April 1, 1839, to April 1, 1840.

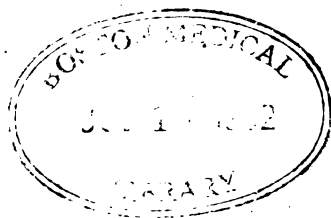


BY ROBLEY DUNGLISON, M. D., SEC. A. P. S.

**PROFESSOR OF THE INSTITUTES OF MEDICINE AND MATERIA MEDICA IN JEFFERSON MEDICAL COLLEGE
OF PHILADELPHIA.**

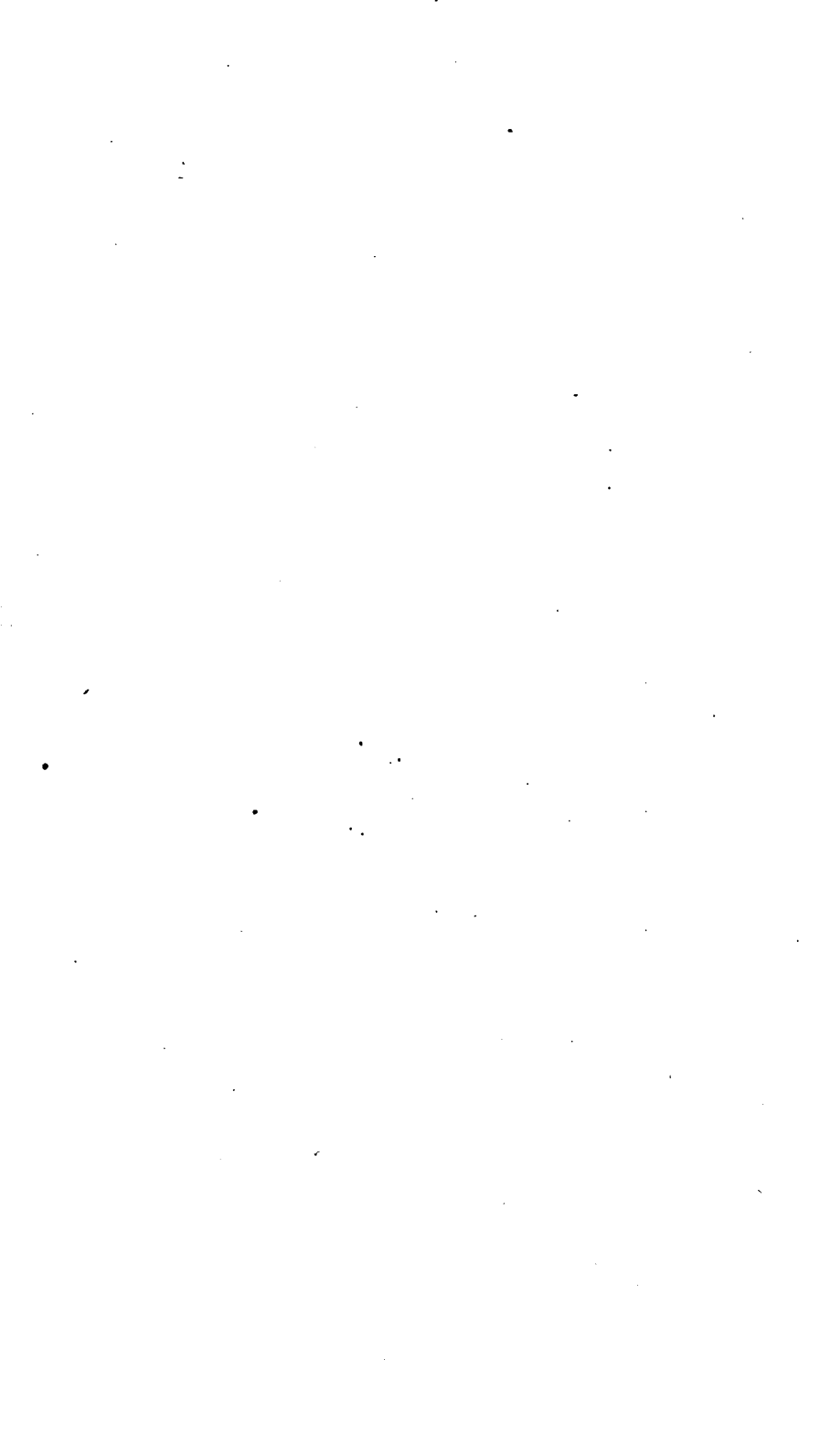
**Attending Physician to the Philadelphia Hospital, and Fellow of the College of Physicians of
Philadelphia, &c. &c.**

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AMERICAN MEDICAL INTELLIGENCER.

Vol. III.

April 1, 1839.

No. 1.

ART. I.—CASES OF AMAUROSIS AND NERVOUS DEAFNESS.

BY JAMES BOLTON, A. M., M. D., OF RICHMOND, VIRGINIA.

Richmond, Va., Feb. 2th, 1839.

Dear Sir,—The following interesting cases having come under my care, I send the subjoined account of them to you, as perhaps they may, in your judgment, deserve a place in your valuable periodical, where I have before been honoured with a space. Very respectfully,

JAMES BOLTON, A. M., M. D.

Robley Dunglison, M. D.

1. *Amaurosis and amenorrhœa.*—Mary J., a coloured woman, 22 years of age, unmarried, had suffered under amenorrhœa for two years, during which time her vision had become very much impaired, and she had been subjected to various modes of treatment, regular and irregular. I found both pupils nearly immovable; with one eye she could not distinguish light from darkness, and the sight of the other was so defective that she could scarcely attend to her ordinary occupation, that of chambermaid. Had severe headaches, and the other ordinary unpleasant symptoms of her principal malady, regularly every month.

Treatment.—As the bowels were somewhat costive, they were freely evacuated with pills of rhubarb and aloes. A week after the subsidence of her cephalalgia, &c. I put her upon the use of the following pills: R. Ext. Sabinæ, Sulph. Ferri. ʒ gr. ʒ, G. Ammoniac gr. iiss. M. for one dose. One pill morning, noon, and night, increased daily by one.

On the sixth day from commencing the use of these pills, the menses returned, and with them a great improvement of vision. The discharge continued four days, during which time the pills were discontinued. A fortnight afterwards she could distinguish a broom straw at the distance of six inches with the eye which before was so blind that she could not distinguish light from darkness. The vision of the other eye also was very much improved. At the next period of the usual return of the menses, they did not appear, and she had again headache, &c.—The use of two or three pills immediately reproduced the discharge, and a complete relief from all her unpleasant symptoms. I have since heard nothing further of the case.

3. *Erethitic nervous deafness.*—T. H., aged 17, son of a highly respectable gentleman of this place (Richmond), for about two years has been much annoyed by tinnitus in both ears, and a gradual diminution of hearing. The disease has been hereditary on his father's side of the family. January 26, 1839, much annoyed by a noise resembling the roaring of a waterfall, especially on going to bed—labouring under a severe catarrh with enlargement of the tonsils. January 31st, catarrhal symptoms nearly removed. The day previously had suffered from severe headach, to which he is subject. Hearing distance of the right ear, as tried by my watch, 4½ inches, left 3 inches.

Applied the vapour of acetous ether to the left ear, according to the directions of Kramer, and an issue to the arm for the cephalalgia.

	Hearing distance of right ear.	Hearing distance of left ear.	Appl. æther ad aur. sinist.		
Feb. 4th,	7½ inches,	10½ inches,	do.	do.	do.
5th,	11	12½	do.	do.	do.
6th,	15½	unmeasured,	do.	do.	do.
7th,	17	25½	do.	do.	do.
8th,	2ft. 8¼	8ft. 10	do.	do.	dextr.

Tinnitus very rarely heard, and then sounds like the buzzing of an insect.

This case is interesting as I have not seen any report of Kramer's treatment having been tried in this country, although his work has been re-published here several months since in the Library which you edit, and the treatment recommended in that admirable work has been astonishingly successful in the case above mentioned.

Remarks.—The improvement of hearing in the left ear was undoubtedly due to the treatment, and that of the right ear was no doubt owing to the effect of the vapour of the ether, which escaped from the catheter while applying it to the other ear, finding its way into the eustachian tube of the right side. I shall report to you at another time the further progress of this case.

Richmond, March 16th, 1839.

Dear Sir,—Since my last communication in February, I have continued the treatment recommended by Kramer in this case, then reported to you, and it has been crowned with a success far exceeding my most sanguine expectations. The patient being attacked every five or seven days with severe cephalalgia, I applied a seton to the left arm, which so effectually warded off this unpleasant affection, that he suffered but one slight attack during the month he was under treatment.

Report of the case continued.

	Hearing Distance.		Appl. æther. vapor. ad aur. sinist.
	Left ear.	Right ear.	
Feb. 9th,	16ft. 2in.	7ft. 10in.	do. do. do.
11th,	18 9	not measured.	do. do. do.

Patient remarked that now, for the first time, he was not aware that crickets do not chirp in winter, as he had been much annoyed by a similar sound. Roaring noise changed to a humming like that of an insect—very rarely heard—slightly on going to bed.

	Hearing Distance.		Appl. æther vapor. ad aur. dext.
	Left ear.	Right ear.	
Feb. 13th,	not measured.		do. do. do. do.
15th,	20ft. 3in.	11ft.	do. do. do. do.
16th,	not measured.		do. do. do. sinist. catarrh
18th,	do.		do. do. do. dext. do. increased.
19th,	16ft.	8ft. 9in.	do. do. do. sinist. do. do.
20th,	13	11 5	do. do. do. dext. do. do.
21st,	13 3in. 11		do. do. do. sinist. do. severe.
23d,	16 6 11 5		do. do. do. dext. do. do.
24th,	13 4 9 2		do. do. do. sinist. do. do.
27th,	11 4 7		do. do. do. do. do. do.

On the 28th, the patient left the city to go several miles into the country, and has not returned, nor have I been able to learn any thing respecting his hearing.

Remarks.—There are a few points worthy of notice in this case. The hearing distance of the right ear was rather greater than that of the left; but

after the first application of the ether, the reverse was the case. During the first week the left ear only was treated, and while the hearing of that side improved astonishingly, that of the other improved slightly and gradually, which, as I before remarked, was probably owing to an overflow of the acetous ether filling the œsophagus and passing through the eustachian tube into the cavity of the tympanum of the opposite side. On applying the ether to the right ear for the first time, the hearing distance was nearly trebled. During the treatment, the hearing distance, although diminished by a severe catarrh, was about forty times that when diminished by the same cause before the treatment was commenced. The hearing was always worse in damp weather, and as it was very rainy the last few days, this no doubt increased the effects of the catarrh.

Cataract in the Horse.

Some months since I performed the operation of couching on a filley of about five years old with entire success. The disease had affected both eyes, so as to render her entirely blind. The animal may now be seen in the vicinity of Fredericksburg, and is in the possession of a Mr. Perkins.

Very respectfully,

JAMES BOLTON, A. M., M. D.

ART. II.—ANOMALOUS DISTRIBUTION OF THE VERTEBRAL ARTERIES.

BY RICHARD P. CATLEY, M. D., OF OHIO.

[Although the anomaly in the subjoined case may differ somewhat from those recorded, there are many examples of a similar irregularity of origin and distribution referred to by Meckel¹ and other anatomists.—*Ed.*]

Philadelphia, March 15th, 1839.

Dr. Dunglison.

Sir,—On the 8th of February last, whilst attempting the ligature of the innominata on the dead subject, at my residence in the state of Ohio, having exposed the vessel in the manner directed by Mr. Liston, of London, I tried to pass my finger from the division into the right subclavian and carotid along the innominata to the arch of the aorta; but, in so doing, I met with an anomalous arrangement, which, to the touch, seemed like a bifurcation of the arteria innominata. I immediately commenced a careful dissection of the parts, and found that both the common carotids, as well as the right subclavian, were given off by the innominata; and that, on the left side, there were two vertebral arteries, one arising from the arch of the aorta and entering the transverse process of the fourth cervical vertebra, the other arising from the subclavian and entering the transverse process of the sixth cervical vertebra as usual. I have preserved the parts in a preparation, which I have shown to Dr. Pattison, Professor of Anatomy in the Jefferson Medical College, to Dr. Horner, Professor of Anatomy in the University of Pennsylvania, and to Dr. Pancoast, Lecturer on Anatomy in this city—all of whom concur in stating that they have never seen or read of precisely such an anomaly.

Should you think this notice worthy a place in your journal you are at liberty to use it.

Believe me to be, sir, yours respectfully,

RICHARD P. CATLEY, M. D.

¹ *Handbuch der pathologischen Anatomie. B. ii. Abth. 1. s. 108.*

ART. III.—CASE OF HYDROPHOBIA.

BY WASHINGTON L. ATLEE, M. D. OF LANCASTER, PA.

[The following statement, contained in a letter to a non-professional friend, which has been sent to us—we presume, by the author—contains a full description of the sufferings of one labouring under this horrible disease.—*Ed.*]

Lancaster, Feb. 20, 1836.

Dear Sir,—At your particular request I send you a detailed account of the symptoms and treatment of the case of hydrophobia which recently occurred in this city. In doing this I do not wish to be understood as approving of this method of publishing or recording cases of disease. Medical men have their medical journals, through which their communications can be offered to the members of the profession, to whom they properly belong. Nor would I have consented had I not known the exciting interest that is created in all classes of the community by the occurrence of this frightful disease, and, in consequence of this excitement, the tendency there is to magnify and falsify the circumstances attending the progress of the case. The strongest inducement, however, for consenting to adopt this method in making the case public, is to bring it more particularly before the medical practitioners of our own county, who, as the guardians of the health of our community, can have the benefit of the history of this case, should such a misfortune occur again in any part of our county. I shall avoid, as much as I can, with propriety, the use of those terms not capable of being understood by the common reader.

On Saturday, the 9th inst., I was called upon to visit Mrs. Elizabeth Keely. I found my patient to be an intelligent looking woman, of spare habits, of ordinary stature, and about 34 years old. She told me that she had an attack of rheumatism in her arm, and complained of pain the whole extent of the left arm, particularly in the shoulder. She informed me that she had felt unwell for three or four weeks before, and that on Wednesday previous she had perceived some soreness on the back of the hand, which continuing to increase, had traveled up to her elbow on Thursday, and becoming more and more severe, had on Friday reached the shoulder. During the progress of the pain, having received a phial of British oil from a neighbour, she rubbed it on her arm without receiving any relief. She then, of her own accord, applied a blister on the outside of her arm just below the shoulder with no better success. On Saturday, the pain becoming worse, and advancing into the left side of the neck, and through the arm-pit into the left breast, she thought it advisable to consult a physician, and I was sent for. I found the symptoms as above described, with the pain more acute in the joints than in any other part of the arm, taking on the character of the local symptoms of acute rheumatism. Her countenance was somewhat anxious, and her manner a little hurried. The tongue was lightly coated with a yellowish fur; the pulse, skin, and other perceptible functions being natural. I prescribed a blister to be placed over the spine, between the shoulders, and four cathartic pills composed of submur. hydrar., albes socotor., convol. jalap., stalagm. cambog. and sapo castil., to be taken immediately. Upon taking leave of her, I directed her to send me word in the morning if she was not better, or sooner if she became worse.

On Sunday morning, the 10th inst., word came that she was no better. At half past 9 o'clock A. M. I visited her, and was informed by her husband that she had passed a bad night. Shortly after she had retired to bed, she was aroused by a sense of suffocation and tightness of the chest with pain in the præcordia or at the lower part of the breast bone. After this she could not sleep. Every few minutes throughout the night she would suddenly start up with a wild and anxious countenance, a sensation of smothering,

and with feelings of great distress. On attempting to drink, she discovered that she could not swallow, and that every attempt excited spasms in her throat, and aggravated these distressing symptoms. Her peculiar situation alarmed Mr. Keely very much, and he was on the point of starting for me several times in the night, but, through fear of causing too much trouble, he did not inform me until morning. At the time I was there she had become rather more calm and easy, though I observed occasionally a slight spasmodic action of her throat, and some hurry of speech. She picked up a bottle of spirits of camphor off the stove and smelled it, and immediately she was seized with slight spasms of the chest and neck. On repeating it the same results followed, when she gave the bottle to her little daughter, telling her to take it away. There was a wildness and an impatience depicted in her countenance during these spells totally different from any thing I had ever observed in other spasmodic affections. Even after these spasms were off she had an expression of anxiety, and complained of great pain and soreness of the præcordia and weight on her breast, with an inability to swallow any thing. The most distressing symptom was the pain in the præcordia. The blister had drawn well, but instead of being placed over the spine, it had been applied midway between the shoulder and spine; and the pills had operated freely. Her tongue was still coated with a yellowish fur, and her pulse free from excitement. The pain in the arm was entirely gone, excepting a little uneasiness she experienced in the shoulder.

It was during this visit that I was first informed that she had been bitten by a mad dog. She resided then in Philadelphia, and while walking along the street, a dog rushed out and bit her in the back of the left hand, causing an extensive lacerated wound extending down to the sinews. After going home she returned to the place where she received the injury to ascertain the condition of the dog, and discovered that he had been chained up for mad, and had just broken loose as she was passing by, and bit her and several others, and that he had afterwards been killed. She immediately consulted Dr. Pennybacker, of Philadelphia, who ordered her to soak the wound in salt water, and afterwards to apply to it a salt poultice. This was on Saturday, the 3d of November last. On Monday following she called on Dr. George McClellan, who was not at home. On her way home she called at the house of a friend who advised her to employ Stoy's cure. They informed her that about eighteen years before, two of their children had been bitten by a mad dog, and the attack of hydrophobia was prevented by taking Stoy's medicine. They procured the medicine for her, and she went through a full and regular course of it, commencing on that day. The medicine had the effect of producing copious vomiting on the two first days that she took it, but not afterwards. Shortly after adopting these precautionary measures, the family removed to Lancaster. Since their removal to this place she enjoyed good health until about three or four weeks ago, from which time until the period of her attack, she said she "was not very well." The wound had healed up well, but the scar always remained tender and livid, and she frequently felt a numbness in her arm, accompanied by a sensation best understood by the term "asleep."

After giving me this history of herself, she said she did not believe her present sickness proceeded from the bite of the dog. Knowing the powerful influence that the mind exerts upon diseases of this character, I encouraged her in this idea, and was careful in directing my enquiries to her to avoid exciting in her any suspicion that I believed it. Although apprehensive of the nature of her disease, and strongly desirous of employing certain means of confirming my opinion, I cautiously avoided every thing that would lead her mind to a different result. I think, however, that although she openly discarded the idea that her illness proceeded from the bite of the dog, her manner disclosed that she secretly believed that to be the cause.

I prescribed a combination of submur. hydrar. pulver. ipecac. aa 5 grs. to be taken every two hours.

Upon my way home I met my brother, Dr. John L. Atlee, and told him my fears respecting my patient, requesting him to hold himself in readiness to visit her in company with me, in case I was more fully convinced of the character of the disease upon my next visit.

At one o'clock, P. M. of the same day, I visited her again. She received me tranquilly, and expressed herself glad to see me. Her symptoms were now more distressing than they were before. She had a more wild and anxious look; her breathing was accompanied with a short convulsive sobbing inspiration; and the spasms of the chest and throat were more violent, and came on spontaneously every few minutes. There was no febrile excitement. Her tongue, pulse and skin continued the same. I examined the wound particularly. It still retained its livid appearance, but it was entirely free from tenderness. She had taken one dose only of the medicine, and that with the greatest pain and difficulty, and accompanied with violent spasms. She said it almost choked her when she attempted to swallow it. A short time after she had taken this powder, sickness of the stomach came on, and she vomited three or four successive times, ejecting a quantity of slime. During the last act of vomiting from this powder, she threw off a considerable portion of blood. In consequence of the distress and difficulty produced by taking the first powder, she had desisted from the attempt of taking any more, although she said she felt relieved after she had vomited. Her attention was now directed to her power of swallowing. She said she could not swallow. In reply to my several queries, she observed that she could not explain the reason of her difficulty to swallow: her throat was not sore; *she could not say that she had any dread of fluids*; she was willing and desirous of taking them; yet whenever she attempted it, she was seized with an intense sense of smothering, and spasm of the throat, which she could not control. Upon expressing my desire that she should overcome this spasmodic action of the throat by a strong effort of her mind, she replied, "Well, doctor, I will try." She then took a cup containing a little toast water off the stove, and clearing out her throat, she prepared herself for drinking. I now watched her with the most intense anxiety. She carried the cup half way up to her mouth, then stopped. Her countenance at this time was most peculiar and indescribable. Her features were set, fixed. It appeared as if the energies of her mind were concentrating themselves for some dreadful effort. She carried the cup near to her mouth, then stopped again. I could observe in her fixed and determined countenance a commingling of much excitement and alarm. *I could there read the unconquerable dread of a fluid.* She put the cup to her lips—and at once the horrors of hydrophobia burst upon me. I shudder even now at the recital—but it cannot be described—it must be seen. The cup had no sooner touched her lips than she was thrown into violent spasms. First, a sudden, quick convulsive inspiration, accompanied by a noise as if the air was drawn forcibly through a very narrow chink—violent contraction of the muscles of the neck and face, and drawing up of the shoulders and breast, and great retraction of the pit of the stomach and abdomen. The skin of the throat in front of the larynx was corrugated by spasm. Her countenance expressed the greatest anxiety and distress, and her body was thrown forward by the spasmodic action. This dreadful agony lasted about half a minute. As soon as it was over she said, "Doctor, I will try it again." Precisely the same scene followed. Again she tried it, and succeeded in getting about a teaspoonful into her mouth. Now making two or three painful efforts at deglutition without avail, with one desperate effort she swallowed it.

It must be at once perceived that my patient was a woman of extraordinary resolution and firmness, and knowing this, I urged her to take her powders regularly in spite of the difficulty. She said, "Doctor, I suffer very much from the attempt, but I will take them." Her husband remarked to

me that he believed her illness proceeded from the bite of the dog. She replied "No—it's rheumatism, I'll soon be better of the spasms." Although she seemed unwilling to permit her mind to believe it, yet I think she was perfectly conscious of the truth of her husband's opinion.

After ordering a continuance of the medicine already prescribed, and the application of a large blister along the course of the spine, commencing at the nape of the neck, I left her.

At half past 3 o'clock, P. M. I visited her in consultation with my brother, Dr. John L. Atlee. The introduction of my brother produced no unusual agitation. She appeared glad to see us, and was quite observant of the common courtesies of life, getting up and offering us chairs, and requesting us to be seated. She had taken another powder, but with great difficulty. This was succeeded by vomiting a large quantity of yellowish green slime, and some blood, which entirely relieved her of the pain in the præcordia. Since the vomiting had ceased, there had been no recurrence of the spasms, unless she attempted to drink, and then they were less violent. She expressed herself much better, and perfectly free from pain. The stricture and weight on her chest diminished, and there was less anxiety of the countenance. No febrile excitement—pulse, in an upright position, was 84; in a recumbent posture, 72 in the minute. The fauces, or throat, was free from irritation, except a narrow stripe of red on the edge of the right palatine arch, which appeared more like mere engorgement of the capillary vessels than inflammation. She had no soreness or pain in the throat. There was some tenderness, particularly during spasm, on both sides of the neck immediately below the mastoid process. There was no tonic rigidity of the muscles of the neck, as occurs in tetanus or lockjaw, and even during the paroxysms of spasm, the tension was confined to the respiratory muscles. We offered her different kinds of drink, all of which were followed by spasm, less violent, however, than before. Cold drink caused stronger spasms than warm did. In consequence of the blister having been applied much lower down than had been ordered, and with a view, also, of extending the decorticated surfaces for the purpose of introducing medicines into the system by means of the endermic practice, we ordered another blister over the back of the neck. Applied 1 gr. of acetate of morphia sprinkled on simple cerate to the blister on the shoulder blade. After administering another powder, which she swallowed with less difficulty, we left her.

At 6 o'clock, P. M., information was received that she was no worse.

At half past 8 o'clock, P. M. we saw her again.—The change for the better was quite evident on our first entering into the room. Both she and her husband expressed their gratification at her manifest improvement. She had had no spontaneous spasms since our last visit, excepting one, and that came on her while lying down. I would observe here, that there was always a much stronger tendency to spasm when in a recumbent posture. Her spirits were much improved, and her countenance less anxious. The spasms caused by drinking were much lighter. There was no pain in the præcordia, and the skin was soft and moist, and pulse 90. The powder we had administered at our last visit produced vomiting of the same kind of fluid without blood. She had taken another dose of it about an hour before, which had not been followed by vomiting. She said she felt drowsy and thought she could sleep. On handing her a piece of dry toast and requesting her to eat, she took a small bite, chewed it and swallowed it with tolerable ease, and repeated it two or three times. Observing that it was rather dry, we offered her a drink, but as soon as she placed it to her mouth the spasm supervened, though less violent than before. Toast soaked in water could also be eaten in small bits without spasm.—She tried to drink repeatedly, and succeeded in getting a little down, and it was always attended with spasm. Noticing that the spasm commenced just at the moment she attempted to draw in the drink into her mouth, we suggested to her another plan: to open her mouth wide, permit us to lay a teaspoon filled with water full in her mouth, then

close her lips and refrain from sucking it out of the spoon. Having done this, and then emptying the spoon by inverting it, it was followed by a much lighter spasm than when drunk from a cup. In drinking with a quill, also, her spasms were weaker. It appeared as if the wetting of the lips and the effort of sucking in the fluid favoured the production of the spasm. Ordered the blisters to be dressed with Basilicon Ointment, and prescribed submur. hydrar. grs. x. pulv. ipecac. grs. iij.

On Monday, February 11th, 8 o'clock, A. M., I visited her alone. She informed me that she had altogether during the night about one hour's un-sound sleep, and more in the early part of the evening than afterwards. She was not able to drink all night, she could not swallow, and thinks her spasms, on attempting to drink, were stronger and of longer continuance. She endeavoured to get down some drink by soaking it up with toast, but she could not. During the night, two spasms came on spontaneously while lying down. She said she was very bad early this morning—she experienced feelings of intense distress, and was thrown into spasms whenever the door was opened and admitted the cold air—felt her spirits give way—and her thirst was extreme. At this time she felt the spasms working in her every four or five minutes, although they did not break out, producing great agony. She continued in this way until she made several desperate efforts to drink some warm coffee, which she succeeded in forcing into her by means of a quill to the amount of nearly half a pint. This was the largest quantity of fluid she had taken since the spasms commenced, and it had quite a tranquillising effect upon her, causing the great anxiety and distress to diminish. After this she washed her face with a camphor rag, and while doing it she was affected with spasm. Although she expressed herself much better than she had been earlier in the morning, I noticed more anxiety and wildness in her countenance than the evening before. Her pulse was not quite so full, the skin rather below the natural temperature, the tongue more thickly coated with the same kind of fur, the breathing seemed rather more difficult, and was interrupted by peculiar sobs and deep sighs. While I was there she picked up a cold handkerchief to wipe her mouth, and it brought on spasm as soon as it touched her face. She had taken two powders after we had left her last night, which produced vomiting of a yellowish, bitter and frothy fluid and some blood, but she postponed taking any more after 12 o'clock in the night in consequence of the great difficulty she experienced in swallowing them, and the sickness they produced—although she admitted that she was always relieved after vomiting. The blisters had drawn well—the cuticle being raised throughout their whole extent. I gave her another powder rubbed up in sugar, which, with the aid of coffee and the quill she succeeded in getting down, not, however, without considerable difficulty.

At 11 o'clock, A. M. visited her with my brother. Her skin was of the natural temperature and moisture, pulse fuller, tongue the same, and countenance less anxious. She had no spontaneous spasms since—they still came on, however, on every attempt to drink.—She complained that the heat of the stove sickened her, but she could not bear the doors open. On attempting to drink some coffee with a quill, she was thrown into a violent spasm, and succeeded in swallowing only a little. The powder which I had given her at my last visit caused her to throw off the same kind of fluid, and a living lumbricus. We examined the blister that had been dressed yesterday by the morphia, and the morphia appeared to be absorbed.—The fresh blistered surface on the neck was now dressed with acetate of morphia, and upon applying the cerate cold to the blister it produced a paroxysm. Her bowels not having been moved since Saturday, we prescribed in the form of pill, oleum tiglii 2 grs. every hour until the desired effect would be produced.

At 3 o'clock, P. M. visited her in company with Dr. E. Parry. Her symptoms were about the same—pulse 88. She had taken only two doses of the oil, and without effect. Gave her another dose which she swallowed

with difficulty. Upon taking some tea after, she was thrown into severe spasms, and then said "she did not like to see drink come near her." Uniformly in taking drink she would hesitate, as before described, several times before she would place the cup to her lips, and as soon as she attempted to suck in the fluid the spasms would commence. She had got into a doze about an hour before, and was awakened by her son suddenly entering the room, which produced a violent paroxysm. Applied morphia again to a blistered surface.

At 6 o'clock, P. M. received word that she was no better, and that the medicine had not operated.

At 8 o'clock, P. M. called again with my brother and Mr. Landis, a student. Her pulse was 90, skin and countenance the same. The lower gums and the sides of the tongue appeared excited, resembling the mercurial blush, but it was not attended with the coppery taste nor mercurial odour. She had had several very severe spasms from cool air coming over her face, and also from her attempts to drink. She got a most violent spasm when the family were at supper, caused by the noise of pouring out the tea. This spasm raised her off her seat, and was accompanied with a peculiar spasmodic noise, great horror of countenance, and throwing the hands about. We now spread 30 grs. of submur. hydrar. on a small piece of bread, part of which she ate without difficulty, complaining of it being very dry. We offered her drink, but she did not appear to want the cup; she took the quill out of the drink and hastily drew the wetted end through her mouth, thus catching a drop. This was followed by light spasm. We then advised her to dip the bread in tea, to moisten it, but she did not seem inclined to do it. Observing her dread of the fluid, I dipped it in for her, when she ate it. She said she had dozed a little, and she thought she could doze more through the night. She had taken since the last visit two doses more of the oleum tigllii, making in all 10 grs. without any effect. Prescribed submur. hydrar. grs. xv. pulv. ipecac. grs. 3. to be taken every three hours during the night.

(To be concluded in the next number.)

BIBLIOGRAPHICAL NOTICES.

*Mütter on Club Foot.*¹

This is not the first work of this dexterous surgeon to which we have had to direct the attention of our readers in the course of our short editorial career. Dr. Mütter has readily embraced the new method for treating club foot,—(he is wrong in making *Loxarthus* and *Club Foot* synonymous,)—and in numerous cases, detailed in the volume before us, has been entirely successful. The book is illustrated by numerous wood-cuts, exhibiting the different deviations of the feet, and various instruments for rectifying the deformities.

The following are Dr. Mütter's remarks on the operation of tenotomy or of the division of the tendons, in cases where relief cannot be obtained by an appropriate mechanical apparatus.

"The operation which I prefer is precisely that of Mr. Whipple,² with

¹ A Lecture on *Loxarthus* or *Club Foot*. By Thomas D. Mütter, M. D., Lecturer on Surgery, Fellow of the College of Physicians, Member of the Academy of Natural Sciences of Philadelphia, Honorary Member of the Medical Society of Philadelphia, &c. &c. 8vo, pp. 104. Philadelphia, 1839.

² See *Med. Intelligencer*, vol. i. p. 418.—*Ed.*

the exception, that instead of dividing the tendon *obliquely*, I cut it *directly across*. The latter method I prefer, inasmuch as it is more easy of execution (although both are simple enough), and the tendon when divided, separates with an *audible snap*, which enables us at once to detect its complete division.

"The patient having been prepared, when this is necessary, by rest, diet, purging, &c., for the operation, it is performed as follows. If the individual be a child, he may be laid across his mother's lap; if older, he should be placed flat on his face upon a bed or table; an assistant steadies the limb, while the surgeon grasps the foot with the right or left hand, as the case may be, and forcibly extends it, so as to relax the tendon and the integuments covering it. He then passes from *within outwards* a narrow convex-edged bistoury, about one or two inches above the os calcis, and between the *integument* and *tendon*, until its point gets beyond the outer margin of the latter: the foot is then suddenly *flexed*, which brings the tendon against the knife, previously turned upon its edge, and with very little pressure upon the instrument the operation is completed, which is generally indicated by the *snap*, and by a *sudden jerk*. As soon as this is perceived, and not until then, the knife is withdrawn in the same way in which it had been introduced. The little wound is then closed by adhesive plaster, the stretching apparatus applied, and the subsequent treatment conducted as I have already indicated. Whenever it seems necessary to divide other tendons, the operation is to be performed upon a similar plan; make but *one* puncture, and divide them directly across, and then begin to extend the parts *at once*.

"I might next say something about the *dangers* of this operation, but, gentlemen, so far as I have been able to learn, there are *no dangers*. The opponents of the division of tendons to overcome deformities of different kinds, daily preach to us of tetanus, of sloughings, of erysipelas, and even of death, but their fears are idle. There is no case upon record, in which, when the operation has been properly performed, and *no other cause* operating to produce dangerous symptoms, serious consequences have resulted. In the case of the person operated on by Delpech, who was several months in recovering, it is evident that all the distressing symptoms to which he was subjected originated in the manner in which the operation was performed. Inflammation may supervene, it is true, even when the operation has been properly performed, but in no case have I heard of its resistance for any time, to the action of proper remedies. Tetanus has never, in any case reported, been present as a *direct* consequence of the operation. I have understood from a friend who performed the operation in one instance, that slight tetanic symptoms supervened; but in this case the boy was exposed to both *cold* and *wet*, and the probability is, that the tetanic affection was the result of the last mentioned causes, rather than of the operation. The idea that this operation would be likely to bring on tetanus, has its origin in the well known fact, that *punctures* or *lacerations* of tendons often occasion this disease, but the nature of the wound is here altogether different. Others have feared a division of the posterior tibial artery, but as I have already explained to you, there is no danger of this, provided the operation be properly performed. I think, gentlemen, that I have a right to make these statements, inasmuch as I have divided for different affections, between *fifty* and *sixty* tendons, and have *never*, as yet, *met with the slightest bad symptom of any kind*. I would, however, advise you in giving your prognosis in such cases, to leave some way of escape for yourselves in the event of disagreeable symptoms supervening. An individual may die, you know, from a prick of his finger, or from wounds equally trifling; you should, therefore, let such a *possibility* be borne in mind when your opinion is asked relative to the dangers of the operation in question.

"I have already told you that this operation is a very simple one; but you will occasionally be not a little annoyed after its performance, at finding

the heel (when the tendo Achillis has been divided) still forcibly resisting our efforts for its depression. This arises from the thickness of the *sheath* of the tendon, and before we can accomplish our object this *must* be divided, especially if the patient is somewhat advanced in life. I have been obliged to perform the operation in three or four cases: the last one was that of a child of Mr. Creass, to whom I was called by Dr. Ruan, one of our most eminent practitioners. You can generally detect the existence of this condition of the sheath, by passing your finger along the back of the tendon until you reach the point of its division, at which, instead of meeting with a considerable depression, as is usually the case, you will find a *firm* and *resisting* substance; not, of course, as firm as the tendon, but sufficiently so to be readily detected. This may be divided by passing the knife generally employed for the section of the tendon, through the wound made in the integuments for this purpose. I always examine the foot on the morning *after* the operation, when, if the sheath seems to offer much resistance, I immediately divide it. I make this statement, with a full knowledge of the importance set upon preserving the integrity of this sheath, by Mr. Bouvier, who contends that it is chiefly concerned in the reproduction and proper modeling of the new tendon."—p. 74.

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*Prof. Baxley's Introductory Lecture.*¹

We know not what effect the late decision of the Court of Appeals of Maryland will have on the incumbents of the chairs in the university. The author of the lecture before us and his colleagues belong to the dispossessed, unless some arrangement is made by which they can continue as teachers. Of the talents of more than one of them, and of their productions, during their brief career, we have had occasion to speak more than once. To Professor Baxley's qualifications for his chair we deposed unhesitatingly at the time of his appointment, and all that we have since heard has confirmed us in the opinions we then expressed.

The publication of the lecture was solicited by Dr. Baxley's colleagues on account of its containing a passing eulogy on the character of Dr. John D. Godman,—“a tribute to one whose memory is cherished by all who admire genius and love virtue;” and one whose example we ourselves have, on various occasions, held up for imitation to the young aspirant.²

“And who,” says Professor Baxley, “is not familiar with the fate of Godman? I would we had earned, and were worthy the high privilege of calling him our *own* Godman! But that deprivation is alike our fault, and our misfortune—those who *should* have cherished him cast him off to seek honours and distinction among strangers—let his undying fame, while it perpetuates *their* reproach, stand upon the enduring foundation of his own merit.

“To what were his hardships and his early fate to be attributed?—Let his brief history answer. ‘Left motherless,’ as he himself says, ‘at the early age of two years, and fatherless and friendless before he was five—cast among strangers—deprived of his property by fraud, and compelled to eat the bread of misery, and drink of the cup of sorrow, he passed the flower of his days in a state little better than that of slavery, and arrived at manhood through poverty and desolation.’ And yet by incessant toil and unbending energy of mind, he acquired the treasures of classical learning, and

¹ Introductory Lecture delivered by H. Willis Baxley, M. D., Professor of Anatomy and Physiology in the University of Maryland, Nov. 2, 1837. 8vo, pp. 29. Baltimore, 1839.

² Medical Student, p. 36. Philadelphia, 1837.

the honours of a profession at an early age. In this school he first sought the streams of science—here his genius first expanded its wing, and gave token of the loftiness of its future flight—here were made by the observant and the generous, the predictions of that eminence which he subsequently reached—and these halls first echoed that eloquence, which, in after years, distinguished him as a teacher of anatomy above all his cotemporaries.

“Solicited, at the moment of his stepping upon the threshold of his profession, and without particular preparation, to discharge for a time the unrequited duties of a professorship, the able incumbent of which had met with a severe casualty, the manner in which he fulfilled the task commanded for him the admiration and friendship of all, *except those who should have been the first to acknowledge, and the readiest to reward, his merit.* And why was it that the preceptors of his youth did not become the patrons of his genius? Why, when want kept him hovering about the scene of his early struggles, was not patriotism prompt to secure the glory of his future renown? Why was a son of Maryland forced to quit her soil, sad of heart and disappointed in hope, to seek among strangers that pittance and encouragement which was *denied him by those who should regret their own heartless injustice?* Did *prejudice* close the avenue to fame against merit? Or *contracted envy* dread the competition of superior talent?—Or, were the portals of the Temple shut against him because inheritance had not bestowed the magic word, nor fortune given to him the golden key, that commanded the entrance? Whatever may have been the cause of Godman’s loss to the institution, of which he would have been its highest boast and proudest ornament, his star had risen not to set obscurely, and the bright rays which it has cast over the world of science have lighted thousands to the pure sources of instruction from which he drank so deeply. He had cast the pebble into the deep waters of knowledge, and no jealous hush could again still their disturbed bosom, but as the wavelets spread, and their circles widened, the joyous shores received their hallowed kiss, and echoed in gladness the tribute of Nature’s young apostle.

“Conscious of the force of his powers, and though sorrowful, not dismayed by early adversity, he fixed his eye upon the most elevated and honoured station known to the profession in this country, and resolved to render, sooner or later, complete justice to those who had failed to cherish his talents and to respond to his righteous aspirations; and how nearly he achieved the great purpose of his ambition is matter of history. Like his great exemplar, Bichat, he was the builder of his own fame. Like him, overcoming all obstacles, he accomplished more than any other of his countrymen in the same brief period. And like him he left us in the dawn of his glory—as ‘the light cloud fading away into heaven with the morning breath, rather than travail through the weary day, to gather perhaps in darkness and end in storm.’

“In his private life, as in his professional, Dr. Godman was an example of excellence. The child of impulse in his early years, and indulging occasionally in a petulance that was not native to him, but which sprang from that sense of dependence so apt to make one of just pride appear unnamable, he soon, by the force of his vigorous sense, overcame that tendency, and by an honourable life, sedulously devoted to the cultivation of a strong understanding, and the improvement of a generous, kind, and feeling heart, he was enabled to direct judiciously the taste of others, as well as those confided to his instruction; while he looked on his equals without jealousy, and his seniors with deferential respect.

“And here I might apply to him the beautiful description of a favourite writer, who little knew, when giving expression to the images of his chaste fancy, that his ideal sketch would have a living representative; and that he but delineated the character and the feelings of one who was to adorn a far distant land—one, young in years, old in knowledge, and wise in all that reconciles us to present ills, and best fits us for the enjoyments of the

future. 'By his benevolence, he felt for the multitude he instructed indulgence and affection; relying on the real greatness of his temper, he made no attempts to increase his importance by low raillery, or unfounded satire, and he never sunk into supine indolence or groveling melancholy: considering his profession as a means of ameliorating mankind, he persevered in the cause of truth with cheerful rectitude and virtuous dignity; his intellectual resources satisfactorily supplied the absence of society; his capacious mind enabled him to increase his stores of useful knowledge; his discriminating powers enabled him to elucidate the subject he explored, and he felt as great delight in promoting the beneficial discoveries of others as in executing his own: regarding his professional contemporaries, not as jealous rivals, but as generous friends, striving to emulate each other in the noble pursuits of science, and in the laudable task of endeavouring to improve the morals of mankind.'

"Such was John D. Godman—a model worthy of imitation! and whose pure character, and successful efforts, are a fit subject for reflection, now that you are embarking in the busy purpose of acquiring professional knowledge."—p. 26.

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*Quetelet on the Influence of Seasons on Mortality at Different Ages in Belgium.*¹

From the work of this able statistician, we extract the following conclusions, to which his laborious investigations have led him:—

"1st. In studying the influence of the seasons on mortality in Belgium, the life of man presents two principal stages, one comprising the period during his physical development, and continuing until about his twenty-fifth year, the other embracing the remainder of his life.

"2d. The most unfavourable season for man after his development is winter; the other seasons affect him in the following order:—Spring, autumn, and summer.

"The absolute *maximum* of deaths occurs in February, and the *minimum* in July; the difference between the two goes on increasing until towards the termination of life; being at 25 years only 125 to 100, and ending with 255 to 100.

"3d. In man at his full growth, there is an apparently well marked relation between the movements of the thermometer and mortality; nevertheless, at the end of the hottest month, in which the smallest number of deaths takes place, there is a sensible increase in the mortality. The month of October, which follows this increase, presents a minimum of deaths relative to the months between which it falls.

"4th. In regarding man *during his development*, and considering only the first year subsequent to his birth, a period when the child is somewhat identified with the mother by whom it is nourished, we find that it likewise shares its chances in the mortality; the *minimum* of deaths occurs also with it in July, and the *maximum* from the month of January, during the greatest cold. The increase of mortality following excess of heat is more applicable to children than full grown persons.

"This increase of mortality following excessive heats and especially the cold of winter, and which affects children during the first year, has been already acknowledged during the three first months of life, by MM. Villermé and Milne Edwards. In every case summer produces no very sensible action during the first month after birth, and the action is at its *maximum* about the sixth.

¹ De l'influence des Saisons sur la Mortalité aux différens ages dans la Belgique, par A. Quetelet, Directeur de l'Observatoire de Bruxelles, secrétaire perpétuel de l'Académie Royale de la même ville, &c. &c. 4to, pp. 42. Avec cinq planches. Bruxelles, 1836.

"After the first year following birth, and even to about the twelfth, the maximum of deaths varies from January, in approaching, by a suite of oscillations, the month of May, where it remains for some time; it then becomes retrograde from the sixteenth to the twenty-fifth year, and becomes fixed in February, where it remains to the decline of life.

"The *minimum* of deaths, to begin with the first year, occurs nearly in regular order to five or six months' distance from the *maximum*, and falls in August from the first year to the eighth. From the eighth to the twentieth year, it is fixed in October, where, as we have said, it continues afterwards to form a *minimum* till the latest term of life.

"6th. During man's development, but after the first year, no *minimum* of deaths is observed in July.

"On classing the seasons according to their mortality, the following general order is found,—spring, winter, summer, and autumn.

"In considering only the age of puberty, the seasons range themselves in a rather different order from the first—spring, summer, winter, and autumn; while in full grown man the following is the order—winter, spring, autumn, and summer.

"7th. From twelve to twenty-five years, we observe a relative minimum in the deaths in January, a month in which there is the greatest mortality at all ages.

"8th. In making a distinction between the sexes, we find that at the different periods of life, taken separately, the *maxima* and *minima* numbers, both absolute and relative, occur very nearly identically in the same months, and that the *maxima* and *minima* numbers, relative to each sex, are in nearly the same ratio.

"9th. When we compare the absolute number of male with that of female deaths at every age, we find that this is not the case; there is, then, a great difference. Thus,

"Immediately after birth, only three girls die for four boys.

"This unfavourable difference for the boys decreases successively till towards two years of age, and then the number of deaths of the two sexes is nearly exactly the same until the twelfth year.

"From 12 to 20 years there are more female than male deaths; the contrary holds from 20 to 25.

"From 25 to 30 as many men die as women.

"From 30 to 50 there is more mortality among the women than among the men; from 50 to 65 the opposite holds; and after 65 female deaths exceed numerically those of the male.

"Whence it follows, that the deaths of the two sexes are alike from 2 to 12 years, from 25 to 30, and towards 65 the male deaths are more numerous. After birth, between 20 and 25 years, and from 50 to 65, they are on the contrary less numerous than female deaths from 12 to 20, from 30 to 50, and after 65 years.

"10th. The influence of the seasons and sexes exerted on the still-born holds nearly the same relation as in the new-born, though less marked.

"11th. The difference of *residence in town or in the country* does not occasion an essential change in the periods of the *maxima* and *minima* of deaths produced under the influence of the seasons; but the differences between the *maxima* and *minima* numbers are in general more strikingly marked in the country."

MISCELLANEOUS NOTICES.

On the Persistent Nature of the Dental Capsule; with physiological and pathological observations. By ALEX. NASMYTH, Esq. (Read before the Med. and Chir. Society, Jan. 22, 1839.)¹—The author begins by observing that of the three stages into which the period of the growth of the teeth has been divided, namely, the follicular, the saccular, and the eruptive, it is his intention in the present communication to allude particularly to the eruptive stage only. Having been induced to investigate this stage very attentively, he is convinced that the capsule of all teeth is persistent; and that instead of its being a deciduous membrane, it is one whose functions continue throughout the life of the tooth. The author was led to attend to this fact many years ago, from having observed, while engaged in some very minute anatomical inquiries, detached portions of membrane floating from preparations of human teeth which had been subjected to the action of acid. By care and much practice he was at length enabled to demonstrate these membranes to be separated from the external surface of the enamel, being continuous with the membrane covering the fang, and this again with the pulp included in the chamber of the tooth; in fact, that this membrane was the crown portion of the original capsule of the tooth. The author's attention having been diverted from this point at the time by other matters, was again forcibly attracted to it, in pursuing some investigations for the purpose of verifying the microscopic observations of Professor Retzius, Purkinje, Müller, and others, the results of which he is preparing to bring before the profession. He concedes to Retzius and his contemporaries in Germany, the merit of having revived and made known the existence of an osseous investment, similar to the *crusta petrosa*, on the external surface of the fangs of human and many similar teeth, but which in such teeth is expressly described as ceasing where the enamel commences. As these substances must have derived their origin from the capsule or investing sac, and as the cementum on the crowns of the teeth of those animals that are endowed with it originates in the same membrane, the author inferred that the membrane which he had disengaged from the surface of the crown was no other than a production of the capsule itself.

After describing the structure of the capsule, the author proceeds to say, that during the growth of the enamel, the inner membrane retains a considerable degree of thickness, and that where the extent of enamel is limited, and its growth perfected, a cohesion of the internal layer takes place to its surface, and the exterior continues to be firmly attached to the elongating fangs, producing an osseous deposit over it, and enclosing its root. When teeth are subjected to the action of dilute acid, the decomposition being more complete upon the enamel through the adherent membrane than upon the neck of the tooth, its detachment is more speedily accomplished; but being very thin where joined to the neck, it is easily ruptured in human and other analogous teeth. It is, however, easy to obtain it in continuity in many of the lower animals. This capsular covering, which it is by no means difficult to demonstrate, continues throughout life, except it be worn away by irritation. It would be impossible, within the limits of an abstract, to allude even briefly to all the confirmations of these anatomical facts, which were illustrated by an extensive series of preparations and drawings, not only of natural but also of morbid structure.

In concluding his interesting paper, the author expresses an opinion that the sketch which he has given will serve to reconcile many contending opinions concerning the vitality of the teeth. In the present state of our knowledge he thinks that we can only allow a very low degree of vitality to the enamel and ivory of the teeth, and that the phenomena of disease

¹ Lond. Med. Gaz., Feb. 2, 1839, p. 681.

dwelt upon by those who maintain a higher order of vitality in those textures are due to the vital powers of the different portions of the persistent capsule.

Case of the Accidental Administration of Forty Grains of the Extract of Belladonna, by Oscar Clayton, Esq. Communicated by JAMES CLAYTON, Esq.¹—The author's motive in relating the above-named case, the subject of which recovered from the effects of the poison, was, that the order of succession of the symptoms differed from that described by Dr. Christison, for in it sopor preceded the delirium, which did not come on for six hours after the administration of the poison, whereas the reverse is commonly the case. The author considers it also worthy of remark, that the pulse, which was 160 half an hour after the poison was taken, fell in twenty hours to 58, and that it varied from 160 to 120 during the sopor, but did not reach more than 95 during the delirium.

*Absence of Menstruation.*²—Mr. Harrison, at a late meeting of the Westminster Medical Society, Jan. 5, 1839, enquired if any member had known an instance in which the mother of a large family had never menstruated? He had known such a case.

Dr. Johnson had never seen an instance of the kind. He had, however, under his care at present some members of a family in which there were five daughters, the ages of whom ranged between twenty-six and thirteen, who, though all in excellent health, had never menstruated.

University of Pennsylvania—Medical Department.—The published catalogue contains the names of 202 matriculates.

Hospital for the Insane—Maryland.—We are pleased to learn from our friend, Dr. S. Collins, of Baltimore, that the legislature of Maryland has liberally appropriated forty thousand dollars for the endowment of a Lunatic Asylum.

Louisville Medical Journal.—By a Louisville Journal of the 19th ultimo, which has been recently sent to us, we learn, that the medical journal—two numbers of which had been published—has been discontinued.

BOOKS RECEIVED.

From the Author.—Introductory Lecture, delivered by H. Willis Baxley, M. D., Professor of Anatomy and Physiology in the University of Maryland, November 2, 1837. 8vo, pp. 29. Baltimore, 1839.

From the Author.—The Annual Address to the Candidates for Degrees and Licences in the Medical Institution of Yale College, Feb. 26, 1839. By Thomas Miner, M. D., Member of the Board of Examination, and late President of the Connecticut Medical Society. Published at the request of the class. 8vo, pp. 20. New Haven, 1839.

¹ Lond. Med. Gaz., Feb. 2, 1839, p. 681.

² Lancet, Jan. 19, 1839, p. 619.

AMERICAN MEDICAL INTELLIGENCER.

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No. 2.

ART. I.—CASE OF CHRONIC PLEURISY, WITH PNEUMOTHORAX, &c.

BY A. G. TEBAUTT, M. D., OF LONDON BRIDGE, VIRGINIA.

Instances of the simultaneous discharge of an empyema by a double lesion, through the bronchi and the parietes of the thorax, are of rare occurrence; in the Edinburgh Medical and Surgical Journal, No. LXI., a case of this nature is given by Dr. Hawthorn, and two or three others have been recorded by MM. Chomel and Lerminier, enriched by the report of a few more cases possessing the same features. In addition, it is hoped the following, extracted from my case book, will not prove altogether uninteresting.

On the 9th April, 1837, I was requested to visit S— W—, a carpenter, æt. 20 years, of temperate habits, and previously of a strong constitution. He stated that in consequence of unusual exposure to cold and moisture, he had been attacked about three weeks before, with a cough and pain in the right side of his chest; and that he had since submitted to an empirical treatment, in the course of which a severe diarrhœa had supervened.

He was pale; emaciated; with some œdema about the face and ankles; his body appeared considerably arched forwards, and the shoulders drooping. The least exertion, as in rising or walking, induced a hurried and oppressed breathing and great muscular agitations. Skin dry; pulse small, quick and thrilling; voice hoarse; cough frequent and teasing; sputa clear mucosity, intermixed with a few opaque whitish points, and expectorated with difficulty. On coughing and deep inspiration he experienced a diffused soreness, referred to the base of the right lung. The sound on percussion over the right side was dull, and the respiratory murmur and resonance of the voice feeble, especially towards its lower third; a dull sonorous râle was heard below the clavicle. In the left lung the respiration was puerile and attended occasionally by a mucous râle. Tongue red, pointed and tremulous. Pain complained of, mostly in the abdomen and, chiefly in the direction of the transverse arch of the colon, increased on pressure; bowels excessively loose; discharges watery; urine highly coloured. R. chlor. hydr. mit. gr. x., acet. morph. gr. iv., potass. nitratis ℥i., M. in pulv. x., div. Un quart. hor. s. Mucilaginous drinks.

On the following day the abdominal symptoms were greatly relieved; cough less troublesome; pulse 90, improved in fulness. Contin. med. at lengthened intervals.

April 11th. Œdema had disappeared, and he was able to move with much less inconvenience. Ordered a large blister to the chest, with a view to alleviate the cough and soreness, which still persisted. Murmur frictionis. In a day or two more the gastric affections having completely subsided, resorted to antimonials, opiates, and mucilaginous drinks with benefit. His health gradually amended in every particular, and on the 18th of April, a weak sonorous râle with some dulness on percussion over the right lung

inferiorly and posteriorly were the only signs appreciable. He still, however, experienced a sensation of oppression and constriction in the chest upon making any continued exertion, and a slight tickling cough during the night.

From this date, as he was able to leave the house and did not choose to confine himself, I lost sight of him until May 16th, when I was summoned again to him. I learned upon enquiry that he had continued to all appearance in much the same condition in which he left off the treatment (with the exception of a perceptible increase in his stoop latterly), until the night of the 14th, when fever and dyspnoea suddenly supervened.

Found him lying on his back with his head and shoulders considerably elevated. An attempt to assume the horizontal position or to turn on the left side was attended with a most distressing sense of suffocation.

Respiration short and hurried; cough almost incessant, and at times accompanied by a tenaceous muco-purulent expectoration. The right side of the thorax was notably distended, and the intercostal depressions obliterated; he also experienced in this situation a diffused soreness and a sense of oppressive weight. The sound yielded on percussion was morbidly clear at the summit, but became extremely dull on approaching the postero-inferior portion; respiratory murmur and resonance feeble and masked; metallic tinkling. Succussion revealed a distinct sound of fluctuation. Over the left lung the respiration was puerile.

The patient laboured under hectic pyrexia, and had a return of œdema; pulse small, rapid, and somewhat irregular; bowels regular; urine sparse, coloured, and sedimentitious.

Treatment.—Laxatives, opiates, and mucilaginous drinks.

The œdema subsided, but the expectoration became freer, dusky and offensive.

May 20th. Pulse extremely feeble; profuse sweats; orthopnoea; cough urgent, followed at intervals and suddenly by a copious, fœtid expectoration, amounting to a quart or more daily. The chest yielded much the same signs, with the exception of an amphoric blowing sound, heard during inspiration, and most distinctly when the stethoscope was placed between the angle of the right scapula and the spine. Tonics, opiates, generous diet.

May 22d. Pulse stronger and more developed; appetite good; sputa greenish, still copious, though less offensive. Orthopnoea relieved, so much so that he was able to lie in the horizontal position. The right side at its postero-inferior portion sounded clearer than it had done for some days previously; the distension of the parietes was sensibly lessened; and the respiratory murmur became partially audible in the infra-mammary region. The voice determined an imperfect pectoriloquy. When the patient coughed the sound traversed the tube to the ear in quick vibrations, and when the convulsive action ceased, a prolonged hissing and metallic sound was heard, which conveyed the feeling, as if the air in the cylinder had been forcibly sucked in. *Med. ut supra.*

May 26th. Cough less urgent; expectoration had gradually diminished in quantity since the last report; sputa of a thicker consistence and greenish hue; the amphoric blowing and metallic tinkling sounds had lost their intensity, and the respiratory murmur could be heard over a more extended surface. The hectic symptoms had somewhat abated.

May 31st. The right side of the thorax had again become greatly distended; its lower half sounded extremely dull, the superior portion gave a tympanitic clearness; gurgling; metallic tinkling; at times the blowing sound was very distinct; immobility of the side. The patient now lay easiest in a horizontal position. Whenever he attempted to rise he was seized with a violent fit of coughing threatening suffocation, which did not cease until a large muco-purulent expectoration (sometimes amounting to 4 or 5 oz.) had taken place. Fluctuation in the chest was heard whenever he coughed or moved. Respiration in left lung accelerated and puerile; hectic.

From this time to the 10th of June he continued in nearly the above state, using such means as tended to support his strength and alleviate irritation. His appetite, strange to say, never flagged a moment, and he appeared to digest what he ate. He ever cherished a lively hope and bore his sufferings with the most exemplary fortitude. June 10th. Countenance ghastly; great prostration of strength; colliquative sweats; pulse rapid, and the right side of the thorax still further distended, especially towards its inferior portion; the abdominal muscles of the same side retracted and tense; right thoracic parietes smooth; dyspnoea; cough exhausting; sputa muco-purulent and offensive; thrown up with some serum. Used anodynes and diffusible stimuli freely. In a couple of days he appeared to rally in strength; cough abated in violence, and the sputa became thin and reddish. In a few days more his strength was more decidedly improved.

June 20th. An erythematic blush, sore to the touch, appeared between the seventh and eighth ribs, beneath which signs of fluctuation could be readily detected; sputa of a thicker consistence, and dusky red colour, still copious. He was able to sit up without urgent dyspnoea; pulse quick and small. I resolved upon resorting to paracentesis the next day.

June 21st. On removing the instrument the fluid gushed out to the distance of two feet or more. About two quarts of a dark red muco-purulent matter, apparently intermixed with serum, were drawn when the patient felt sick and faint. I immediately closed the orifice by inserting a small tent of soft sponge, supporting the same with a compress of lint and a broad roller. The matter last evacuated was grayish red, owing to the quantity of minute flocculi diffused through it. Odour very offensive. Opiates and stimulants. June 22d. He had obtained great relief and rested some during the night; cough much less troublesome; pulse quick, somewhat irregular; skin moist; discharge thinner; the distension of the right side had greatly subsided; the intercostal spaces were depressed, and the respiratory movements began to be developed (though obscurely) in the inferior portions. The right abdominal muscles instead of being retracted as before, now participated in the movement of respiration. Air was expelled with the fluid through the puncture, on coughing and expiration, and produced a loud gurgling, but on inspiration it was sucked in with a deep hissing sound. Sounds of the chest extremely clear anteriorly and superiorly, and dull posteriorly and inferiorly. On removing the dressings very little matter was expelled, but I conjectured from the appearance of the sheets under him, and the report of his attendant, that he must have discharged nearly as much as was drawn off at the operation. June 24th. Sputa now thick, whitish, and small: suction of air through the orifice in the side, much less forcible. A thin serous fluid of a dirty reddish hue, and containing a few shreds still continued to flow, but was now expelled in small quantities even when the cough was violent. The ribs projected outwardly; and his great emaciation was very evident. Pulse fuller; skin pleasant; appetite good.

June 26th. Discharge thin and slightly tinged, exuding occasionally through the puncture, which manifested a tendency to cicatrize; cough milder; expectoration still diminished in quantity. Percussion gave a less tympanic sound over the right lung; dulness greater about the middle of the seventh rib and posteriorly. Metallic tinkling very distinct. A well marked murmur frictionis predominated towards the base of the right lung, over which region also the patient experienced a soreness; and when touched a sensation of tickling. Admeasurement of the right half of the thorax still gave an excess. His strength was so far improved that he could walk with little assistance across the room from one bed to another. June 30th. The discharge again assumed a semi-purulent character; cough frequent and hacking. July 2d. The puncture which had been gradually contracting now healed up. Dulness of sound more extensive over the affected side. July 8th. Matter having again accumulated in the chest, as evinced by distension, &c., I again resorted to paracentesis and discharged three pints of

semi-purulent matter of a dusky white appearance. July 9th. Discharge ceased after 10 o'clock A. M. July 10th. Felt much better; pulse improved in rhythm; cough occasional; sputa purulent; a thin ichorous fluid oozed through the orifice, staining the compresses. Gaining strength rapidly. July 12th. No hectic; cough only troublesome at night; sputa tinged a little red; both halves of his chest nearly equal; breathing easy; the patient is able to walk about the room without assistance. July 15th. Sounds yielded by percussion nearly of the same intensity over both lungs, with the exception of some dulness inferiorly in the right. Respiratory movements becoming equable; slight murmur frictionis; imperfect pectoriloquy. The patient preferred lying on the left side. Puncture healing. No signs of matter in the chest could be detected. July 19th. Coughed very seldom; expectoration had almost ceased; pectoriloquy still heard; puncture healed. July 22d. Gaining flesh and strength; sounds of the chest and movement of respiration nearly normal; pectoriloquy still audible, with a metallic tone. July 31st. He was allowed to take some exercise in the open air. My regular attendance on him ceased about this time. He returned to his work in September following, and since then has enjoyed uninterrupted good health. I saw him last on the 4th March, when he appeared in considerable embonpoint.

A. G. TERAUTT.

London Bridge, Va. March 20, 1839.

ART. II.—CASE OF HYDROPHOBIA.

BY WASHINGTON L. ATLEE, M. D. OF LANCASTER, PA.

(Concluded from page 9.)

On Tuesday, February 12th, at 1 o'clock A. M., I was called up by a messenger, telling me that Mrs. Keely was much worse and that I should hurry over. When I arrived there, Mr. Keely informed me that while he was lying dozing on a chair, she alarmed him very much by suddenly starting up and flying across the room with wildness and impatience towards the front door. He asked her what was the matter, and she replied she wished to lock the door, and then as suddenly rushed towards the back door. Mr. Keely said that for a considerable time before this came on her she had been engaged in prayer, and in hearing the bible read according to her request, and that she expressed herself sensible of her situation, and was anxious to prepare herself for the final result. Before my arrival, and immediately after that spell, she had several spasms more violent than at any time before. She had taken one of the powders with great difficulty, and in attempting to take another it brought on very severe paroxysms, accompanied with ejection urinæ.—When the spasms became so violent she requested her husband to tie her, no doubt fearing that in those moments of intense agony she might injure some one.—When I arrived, her children were in the room with her. She said that before she got so bad, she had felt extremely happy, and had her children called up around her—that she “felt as if she could go,” and spoke a long time to her children and husband as one taking an everlasting farewell. She told me she felt so much composed when her mind was engaged in such reflections, and desired that the bible might be read again. I asked her whether I should read it for her, and she assenting, I enquired what portion of the Scripture she preferred. She replied, “the 52d chapter of Isaiah.” I read that chapter slowly and distinctly for her, and when done enquired if I should read on. She said “I am afraid of tiring you, but I would like to hear more.” I then continued to read eight or nine succeeding chapters, asking her at the end of every chapter whether I should read on. I then observed that perhaps there were other portions of Scripture she would like to have read. She replied, “you are too kind, but if you are not tired, I should like you to read of the sufferings and death of our Saviour.” I then turned over to Matthew and read for her. During all this time she

remained perfectly composed and tranquil, although her spasms had been so violent before. Shortly after this my brother arrived. Upon asking her to let us see her tongue she became greatly agitated, her countenance became wild and suspicious, and with the appearance of great dread, she said "she could not bear the candle." She was sitting with her back turned towards the candle, but she observed my brother reaching for it, and although the candle was not touched instantly she was thrown into the most violent paroxysm I had yet seen—her head was thrown about from side to side in dreadful anguish, and fearing that she might injure those who were holding her, I placed my hand upon her head to secure her—but her agony was very much increased, and she earnestly called out, "Take off your hand, take off your hand." My brother remained until three o'clock, at which time we gave her pulv. ipecac. grs. xx., acetated morphia gr. ʒ.

She hesitated for a long time before she took it, saying "I can take no more," and while preparing to give it to her she appeared violently agitated, and was seized with incessant spasmodic throbbings. She at last consented to try it, but would not have it moistened—it was mixed up with dry sugar, and she took it, and succeeded in swallowing it with great difficulty, but without much spasm. I remained with her until 4 o'clock, and during this time she had several very severe paroxysms. They sometimes would come on spontaneously, others would be excited by walking through the room, and agitating the air. Her dread of fluids was so great that no drink was offered to her. During these paroxysms, which lasted from half to a whole minute, the inspirations and expirations were quick and spasmodic, producing a singular sound by the concussion of the sudden ingress and egress of air, which, to a warm and prepossessed imagination, might seem to be a kind of barking. This no doubt has given rise to the vulgar idea that a barking like that of a dog is one of the symptoms of hydrophobia. The spasm generally commenced with a sudden, forcible, and spasmodic *spitting* very quickly repeated, resembling very much the spitting of an irritated cat, and ended with a deep inspiration or sigh. She frequently had very sudden convulsive sobbing inspirations—sometimes only one, at others two or three in rapid succession, and both in these and in the spasms her countenance would get much more wild and anxious. Her skin was moist, pulse rather quicker, and she complained more of the heat of the room. Prescribed a powder like the last to be given every two hours.

Before I took my leave of her this morning she seemed desirous of knowing my opinion of the result of her case. I told her that her disease was one of a very fatal character, but that we were not entirely without hope; that in consequence of the manifest amendment that had occurred in her symptoms, we had good cause for encouragement, and that if her constitution was good and the treatment was persevered in, the disease might probably wear itself out, and the system afterwards be restored to health. She replied she hoped that it might be so, but she expected a different result. I informed her that it was impossible for us to tell, at the present stage of her case, how her disease would terminate, yet as there was great uncertainty, it would be better for her to prepare for the worst, and then, in any event, she would be safe. She assented to what I said, and observed that she was not fully prepared to leave this world, and felt desirous of conversing with some person concerning the salvation of her soul. She said that if her mind was fully prepared, she was sure that in her moments of ease, between the spasms, she would feel resigned, and consoled with the idea that when she left this world of pain she would be happy in the other. Upon asking her whether she would like to receive the visits of a clergyman, she replied, "Oh! yes, I would be much pleased, but I am a stranger and know no clergyman." I assured her that would make no difference, that either of them would call to see her with pleasure, and as she said that she had belonged to the Presbyterian church in Philadelphia, I would request the Rev. Mr. Davie to see her.

During this conversation she was quite calm and collected, and free from spasms.

Before going home I left her two more powders like the last to be taken two hours apart.

At 8 o'clock A. M. Mr. Keely called and stated that the powder we had given her at 3 o'clock, sickened her very much and produced some drowsiness, but no sleep. The other powder she found it impossible to take.

At half past 9 o'clock A. M. visited her again with my brother and Messrs. Landis and Maxwell, medical students. She had taken one powder this morning in her husband's absence. She was pretty much in the same situation as when we last left her, though she said she was worse, and the spasms stronger. The spasms appeared as if they were becoming more general, and they were now always accompanied with that peculiar noise. There was yet no tonic or tetanic rigidity of the muscles. The action of the heart was rather strong, and stronger than was indicated by the pulse at the wrist. Prescribed a blister to the præcordia.

At 11 o'clock A. M. I called upon the Rev. Mr. Davie and requested him to accompany me to see Mrs. Keely. At the time we entered her room the spasms were very strong, and she was suffering much agony when I introduced Mr. Davie to her. Her paroxysms were now more violent and frequent than before, accompanied with intense anxiety and horror of countenance, spasmodic noise, and an urgent desire for air, calling on those in the room to open the doors. During the spasms she requested those who held her to press strongly on the pit of her stomach. She complained of thirst and desired to have something with which she could moisten her mouth. She asked for coffee, but as it approached her she was seized with strong spasms; by repeated efforts, however, she drew in a little through a quill, and succeeded in swallowing it. Her respiration was frequently interrupted with convulsive sobs, and she was often hawking up and spitting out, as if phlegm was always collecting in her throat. She found it very difficult to speak, not appearing to have full control over the organs of speech: it appeared as if the attempt at speaking produced a spasmodic restlessness of the articulating muscles, which rendered it painful for her to speak. Becoming a little more composed she apologized to Mr. Davie for not being able to converse with him, but said she was glad to see him. He was engaged with her in conversation and prayer about half an hour, which had a most tranquillising effect upon her. During the whole of this period she was remarkably calm and free from spasm, although her paroxysms before and immediately after were frequent and of the most violent character. It would appear from this circumstance as if the exercise of the mind in this disease had some mysterious connection with the production of spasm; for as the paroxysms were entirely suspended while the mind was engaged in this all-absorbing question, and as they recurred so soon as the mind was not thus exercised, it would indicate almost as close a relation as cause and effect. The members of the profession will at once observe the correspondence between this circumstance in this case and a distinguishing feature of chorea, viz. the act of volition being necessary to the convulsive movements.

In consequence of the frequent recurrence of the spasms the blister was not applied to the præcordia. She this morning again requested to be tied, but as we found that she could be managed with safety we considered it unnecessary and forbade it. Before leaving her I applied more morphia to the blistered surface.

At 2 o'clock P. M. called to see her again with my brother. Her paroxysms had been frequent and strong since our last visit. She enquired of us whether bleeding would not weaken her, as if she desired it to shorten her existence. She said her "feelings were awful, no one knew, and wished it was over." She lamented about her children and husband, "that was her only trouble," and desired us to "comfort Mr. Keely." We attempted to give her another powder composed of submur. hydr. grs. xx., pulv. ipecac.

grs. 5. spread on bread. She ate about half of it, and after having chewed it for a considerable time, she attempted to swallow it, but could not, saying it was so dry that she could not get it to the right place to swallow it. Persevering, however, with very strong efforts, she succeeded in getting some down, and it was followed by a most violent paroxysm, raising her up on her feet, and producing, in the violence of the struggle, the most wild and despairing expression of countenance. During mastication the tongue was frequently and suddenly protruded, appearing covered with a darker coat; and her lips became encrusted with a dark coloured matter. There was incessant hawking up of the phlegm which collected in her throat, and spitting of it about the room. She complained of great dryness of the mouth, but would not moisten it, and strongly opposed the administration of more medicines, seeming to dread them. Talking was more and more difficult, and was interrupted by spasms of the throat and convulsive sobbings. Pulse 100. Prescribed oleum cajuputi drachm. 2, pulv. opii drachm. 1, to be mixed and rubbed in around the neck and breast.

At 6 o'clock P. M. visited with Dr. Hopkins and Mr. Landis. Found her in a state of very great nervous excitement, her manner wild and hurried, would startle at the least noise or motion, had great dread of candle light, and the snuffing of the candle produced great agitation, incessant hawking and vehement efforts to spit out the frothy phlegm, and her face was turned away from those who sat in front of her, as if she dreaded the brilliancy of their eyes, or the effect of their breath on her face, which produced spasm.—When the spasms came on her she would call furiously for air, for the doors to be open. Delirium appeared to be approaching. She said that Mr. Davie had been there in the afternoon, and she had been much comforted and that she now was "willing and ready to go." In consequence of the vapour of the oleum cajuputi exciting spasm it was discontinued.

At 8 o'clock P. M. saw her again with my brother, Drs. Hopkins and Kerfoot, and Messrs. Landis and Maxwell. We entered the room with great caution and the utmost quietness, and although her back was turned towards the door, and a large quilt, hung up, intervened, she was instantly sensible of the increased number in the room, and was greatly agitated in consequence of it. The nervous excitement and restlessness was extreme, her countenance was marked with great horror and dread, and whenever she was the least startled it was characterised by unutterable anguish and terror. There was considerable delirium, the mind was wandering and unsteady, ideas incoherent, and she was much more talkative. She referred several times to the mad dog. "Yes, it was the dog," "I know it was the mad dog." And she would say, "Come, Mr. Keely, let's take a walk"—"let's go to the door"—"let's go down stairs, Mr. Keely"—"let's go to bed"—"let's go home," and so on in a wild and impatient strain. We talked to her about bleeding her, and without replying to us she said wildly, "shall I, Mr. Keely? You think I should, Mr. Keely?" She appeared to think that we were going to injure her.—There was a constant hawking and spitting, and her face was turned down and away from us. She said she could not look any person in the face. While in this highly excited state she said to her husband, "Mr. Keely, I want you to look me right in the face." Her face being turned downwards and from him, he hesitated. Again she said, "Look me in the face, Mr. Keely." He leaned over to look her in the face, and as soon as their eyes met there was a simultaneous and frightful expression of horror—the wild anguish and terror in her countenance seemed to startle Mr. Keely, and he turned his head aside with strong marks of horror depicted upon his. All in the room appeared to feel the shock. We now succeeded in administering two grains of muriate of morphia, and also applied it over the blistered surface on the neck. Observing heretofore the tranquilising effect which always followed the taking of drink, we urged her to try and swallow some coffee. She made repeated efforts with persevering firmness until she accomplished her object, which

was followed by a considerable amendment of her symptoms. She drank more and more until she got down altogether about half a tea cup full. In proportion as she took her drink her wild, nervous and delirious state subsided. She could now bear the full glare of the candle, and motion through the room produced much less disturbance. The hawking diminished, and there appeared to be an improvement in all her symptoms. Expecting that the large dose of morphia she had taken might produce a desire for sleep, we made a bed for her on the floor, and after seating her on it she appeared more composed and rational. After this we offered her more drink. She took the cup, leaned over it, carrying her mouth towards the opposite side, and suddenly, to our great surprise, *lapped* up a mouthful with her tongue. This was followed by very little spasm. Her pulse was 115. After remaining with her until 10 o'clock P. M. and prescribing two grains of muriate of morphia every three hours, we left her in a much more composed state of mind and body than we found her.

During our visit this evening we proposed to her the operation of tracheotomy, but this was peremptorily refused by her husband. So far back in my professional life as I can recollect of being able to form any opinion in this most horrible disease, I have always thought that this operation would be of invaluable benefit, and I had come to the determination of carrying it into effect the first opportunity that offered. This opinion is now firmly established by all the phenomena of this unfortunate case. Although the probability is, that the rapidity of the muscular exhaustion, which supervened upon this visit, would have rendered the operation, in this instance and at this stage of the disease, useless, yet I am fully convinced that if resorted to early in the attack, it would strip, if not cure hydrophobia of its greatest horrors. I would demand it on myself if I should be thus afflicted. The spasms of the glottis, the constriction of the chest, the difficulty of deglutition, the sense of suffocation, and the intense anxiety and distress, would, in my opinion, vanish, and the administration of medicines, and the taking of drink would be rendered comparatively easy. The operation is a simple one, and worthy of a trial. The horrid and incurable character of hydrophobia demands the experiment.

On Wednesday morning the 13th instant at 7 o'clock A. M. I visited her alone. I was informed that she had about one hour's repose shortly after we left her last night, but the phlegm collecting in her throat, had awakened her, and she continued awake during the remainder of the night. She took another two grain dose of morphia about 11 o'clock P. M. and remained tolerably composed until between two and three o'clock this morning. At 3 o'clock A. M. she took another powder of morphia, but this did not tranquillise her, and she continued to get worse until I saw her. During the night she had swallowed three or four cups of coffee. I found her exceedingly nervous, and nearly constantly in a state of wild delirium, and there was added to the whole look an appearance of horror and despair exceeding any thing I had seen either in mania or in any other kind of delirium. She looked wildly and suspiciously at every one entering her apartment, and believed that those around her wished to poison her, and kill her, and spoke about the operation. She was very talkative, her thoughts run wild, passing from one subject to another, sometimes serious, and at other times sportive and humorous. She spoke also a great deal about her children, and had a strong suspicion that "all was not right with them." She would wildly cry out, "Where's my children?" "Why don't Menasseh come?" "Where's Jackson?" "Where's Louisa?" "Bring them to me." "Ah! Keely! I knew it! I knew it! See there hangs Louisa's apron,—there's Jackson's shoes—all's not right with them—Ah! Keely, I knew it!" Again she would break out—"Bring me my children, Keely! and if they kill me, let them be killed too, for I will not leave them here to be knocked about by strangers." She wanted to go home—to go down stairs—to dress and take a walk—and accused them of throwing hands full of fur and black stuff in her face, and

said that the fur was sticking in her mouth yet. She got up several times on her feet, but would sink down again from weakness and exhaustion. Once she suddenly started up and rushed through the kitchen door, but was immediately caught, and she sunk down from the exertion. She succeeded in swallowing a little coffee, but was exceedingly suspicious of every thing offered to her, and would examine it over and over again before taking it. She complained of the air being loaded with fur, and of it coming into her face. The hawking was still frequent, and she spit out a great deal of frothy mucus. Her pulse was small, weak, and frequent, between 130 and 140 in a minute, and her extremities cold. I observed that her bed had been much stained by the renal secretions during the night. Before leaving her I administered another two grain dose of muriate of morphia, which after a short time was spit out again imbedded in the froth.

At half past 9 o'clock A. M. called with my brother and Messrs. Landis and Maxwell. We met the Rev. Mr. Davie there. He informed us that he had not been able to fix her attention. Her mind was exceedingly wandering and delirious, and very much as it had been at my last visit. She was rapidly sinking; her hands and feet and face were cold; pulse scarcely perceptible, and the action of the heart very feeble. There were no paroxysms of suffocation, some spasmodic twitching, and copious expectoration of froth. We gave her, at repeated intervals, about three ounces of wine, which had no stimulating effect. There now appeared to be a general relaxation of the muscular system, extending to the coats of the intestines—rifting of wind, and borborigmus, followed by copious and frequent alvine discharges—the first that had occurred since the spasms had commenced. Her children were now brought in to see her. She looked at them awhile and said, "Take them away,—take them away!" About half past 11 o'clock A. M. she had the last symptoms of spasm, which, though not violent, harassed her a good deal. She now drank a little more wine, and then I laid her down upon the pillow, after which she never moved. From this period to the moment of her death, the phenomena of her case were singularly peculiar. Her body having been placed in an inclined position, her head was thrown back, with her face directly upwards. Her mouth and eyes were open.—There was not the least motion or disturbance of her countenance, no more action in her bowels, her pulse was lost, and there was not a muscle or a fibre seen to move, excepting those of respiration. The whole body and the countenance seemed as passive as in death, and respiration was more like a mechanical than a vital action. She appeared as dead, and was only disturbed by the ingress and egress of air into her chest. The depth of the inspirations became less and less, until at last they were lost in the larynx. The breathing was clear, there was no *rattle* in the throat indicating the collection of mucus in the air vessels. This peculiar kind of respiration continued without interruption for about one hour, accompanied, at every expiration, with a very low moaning sound. The breathing now stopped, and all thought her dead—but in a few moments it commenced again, and went on as before. Again it stopped, and again commenced, and so on for twenty-seven successive times, continuing until 1 o'clock P. M., when we looked for its return, but in vain. The moment of dissolution was not indicated by any of the usual evidences of the separation of soul and body. She appeared to experience nothing of the agonies of death. Before, during, and after death, her appearance was precisely the same, and at the intervals of suspended respiration could not be distinguished.

Throughout the whole course of the disease, after the spasmodic symptoms commenced, this unfortunate woman could not bear, except for a moment, a recumbent position. She sat up on a chair the most of the time, and after the paroxysms became violent, was secured by a person sitting in front of her having hold of her wrists. There was not the least appearance of danger of her biting any person near her; nor, among the variety of motions which she made, was there any which looked like attempting to:

snap or bite at any thing within her reach; and they who were about her had no apprehension of her doing so.

I have now concluded this most interesting case, and I have gone perhaps more minutely into its details than was required. But as you desired a particular account of the case, I was anxious to give you a faithful history of it from beginning to end. This I was fully enabled to do in consequence of taking notes of the case immediately after every visit. I am not conscious of having made one misstatement either as respects her symptoms or treatment, or as regards the history of her own case as given to us by herself. All as it came to my knowledge, and in a conscious spirit of candour, is now before the public and the profession, and if the latter can discover any thing in the treatment or recommendations that can be avoided or adopted to the benefit of the community, I shall rejoice in the discovery. It is most ardently desired that the profession will be soon able to say to their suffering patients, in the language of the 52d chapter of Isaiah, "loose thyself from *the bonds of thy neck*, O captive daughter of Zion."

WASHINGTON L. ATLEE, M. D.

BIBLIOGRAPHICAL NOTICES.

*Dr. Miner's Address.*¹

The design of this address, we need scarcely say, is good; and it is accomplished sensibly. It inculcates zealously the main points of duty that devolve on the practitioner, if he be desirous of attaining eminence in his profession.

The following remarks are a favourable specimen of the author's matter and manner.

"After entering upon a profession, it is not only necessary to be *respectable*, but if possible, a certain degree of *eminence* is very desirable. An eminent man has this advantage, that his services are acknowledged to be necessary; business, therefore, seeks him, and comes to him; whereas, if he were not above mediocrity, it is probable he would have to seek business, and run after it. Where the eminent man bestows his services, though he is commonly well remunerated, he is considered as conferring a kind of favour; on the other hand the favour is considered as being almost exclusively conferred on the moderate man when he finds employment. It becomes every practitioner, therefore, to have an elevated standard in view, and to make as great approximation towards it as possible. When a right course is entered upon and properly pursued, comparative eminence, I apprehend, is not an attainment of so much difficulty as is often imagined. It requires scarcely any thing more than prudence, industry, and perseverance; and when these become a habit, instead of being a drudgery, they are permanent sources of enjoyment. But they must be pursued in a certain method in order to ensure success.

"In the first place, it is requisite that the practitioner should not lose his taste for study. He must not mistake his profession for a trade, which is fully learned by the time that he has gone through his course of regular instruction, as if the period of his being a student was like that of an apprenticeship of a mechanic. He must consider, that in a sense, when he enters upon his

¹ The Annual Address to the Candidates for Degrees and Licenses, in the Medical Institution of Yale College, Feb. 26, 1839. By Thomas Miner, M. D., Member of the Board of Examination, and late President of the Connecticut Medical Society. Published at the request of the class. 8vo. pp. 20. New Haven, 1839.

profession he has only begun to learn. The main difference in his present situation is, that instead of being under instructors and professors, he is now his own teacher. He must resolutely devote a stated portion of his time to study, to reading old writers, and to becoming familiar with new. A man of only common talents and common acquirements, if he begins in this way and resolutely spends only two hours every day in his study—which is only a proper relaxation and amusement in the intervals of ordinary business—will unexpectedly find, by the time he is forty years of age, and probably five years earlier, that he ranks among the eminent of his profession. This is only by rationally and pleasantly improving those scraps of time which others insensibly lose in idleness and trifling gossip. In this way he can not only keep up with the improvements of the day, but he may also become acquainted with the experience of past ages. At the same time he becomes both a practical and a learned man.

“After all, notwithstanding the highest physical and mental cultivation, a great part of the success and usefulness, and nearly all the happiness which a professional man can rationally expect to enjoy, either now or hereafter, must principally depend upon the discipline of his mind. All his mental and moral faculties must be in a healthy condition. It is no matter how much the understanding may be improved. Acquirements of this kind frequently serve only to increase the sensibility to the trials, pains, and troubles inseparable from this life, where the will and affections have never been properly trained, and become habitually directed in a true course. It is not usurping the province of the moralist and divine for teachers of every description to keep the importance of this moral discipline always in view of their pupils. It is the only sure balance wheel by which the variegated actions of life can be regulated and kept in proper order. Nothing besides keeps us from being too much elated in prosperity or too greatly depressed in adversity. A physician, to be as useful to himself and others as is possible, must be not only a learned but a good man, in whom all the amiable and benevolent feelings are developed and cultivated. If his temper is not right, every thing about him is apt to go wrong. If the unruly feelings, passions and appetites are not, in a great measure, subdued and controlled, he is more than most other men beset with temptations which are liable to call them into action. The great law of benevolence and charity, in addition to its being binding upon all, is peculiarly imperative as respects himself. It is not out of place to state, that this law, in its various bearings and ramifications, is most perfectly developed in the 5th, 6th, and 7th chapters of Matthew, commonly called the sermon on the mount. The ablest and most practical commentary upon it is to be found in the 13th chapter of the 1st of Corinthians.

“An accurate acquaintance with that charity which is so inimitably described by the apostle, together with its cordial and habitual application, would fit us for any condition or sphere of life. We should perform all our duties and pass through all our trials with ease and satisfaction, and by acting well our part here, we might humbly hope to become fitted for another and a better world.”—p. 14—17.

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*Dr. Hull's Address.*¹

The president of the Medical Society of the State of New York has drawn the attention of the society in this address to the subject of quackery—one, as he properly remarks, which, although frequently canvassed, remains at this day as destitute of remedy as if none had ever been suggested.

¹ Annual Address delivered before the Medical Society of the State of New York, Feb. 6, 1839. By Laurens Hull, M. D., President of the society. 8vo. pp. 14. Albany, 1839.

With the following remarks we entirely agree. We know of no remedy except the *adequate* intelligence of the community, and as all expectations of such *adequate* intelligence being obtained appears to us to be hopeless, the evil we apprehend—and we say it in all sorrow—is inevitable. Diminished it *may* be, eradicated it perhaps never *can* be. If the people desire to be gulled, it is argued that they ought to have the privilege.—“*Si populus vult decipi, decipiatur*” is a maxim which may and does find many supporters. Much, indeed, may be said on the affirmative side of the question; and it was probably under the influence of such *liberal* notions that the legislature of Maryland recently legalised Thompsonianism!

“It is scarcely possible to present a remedy for the evil, if we are to form our judgment from the experience of former years; but still there is some hope that the curse will not be perpetual, if we can direct our efforts to the extirpation of its root, in place of depending upon any legal enactments to prevent its growth. I have very little confidence in the efficiency of penal statutes, they have been tried till the conviction has been forced upon us that all such experiments must fail. The prejudices of the public are always on the side of feeling, and never on the side of reason; and the cry of persecution in favour of a felon will do more to aid his escape through mistaken sympathy, than justice can to insure his punishment. I am sorry for the necessity of making this remark, it seems too severe to be true, nor would it be believed if the records of our criminal courts did not bear ample testimony to it, more especially in cases of indictment for malpractice in medicine, and of ignorant medical homicides.”—p. 4.

The following observations are pertinent.

“I do not intend to speak a paradox, it is serious, solemn truth, and those who hear me know that it is so; quack medicines find their chief support from the certificates of men of known character and integrity; from the clergy, and from such as have reputation to lend. It is not wonderful, therefore, that medical imposture is a prevailing evil: but it proves conclusively that good men are not always wise. If a man of character should give his advice to his neighbour upon an ordinary matter without having a knowledge of the circumstances upon which his opinions should be formed, there would not be an individual in the community in which he lived who would not blame him for an unwise and unwarrantable interference, if perchance the counsel should result unfortunately: and even if it should result otherwise, it would seem little less than a wanton exercise of opinion; and in this all men will agree: how much more culpable, then, are they, who, in cases involving the most momentous issues, nay, in many the questions of life and death, obtrude their advice and certify to facts of which, from the very nature of the case, they must be totally ignorant? Are the questions of health and disease, vigour and decrepitude, life, with all its enjoyments, and death, with all its terrors, of so much less account in the view of such men than the ordinary transfer of a piece of land, a pair of oxen, or a span of horses! And yet this would seem to be the fact. Improper advice, more especially if it is proved to be interested, in cases where property alone is concerned, will subject the adviser to a penalty for his interference, and destroy the contract in many cases; but those which involve all present comfort and all future hope, are left without defence. It would seem that law had made no provision for those, because it could not be foreseen that it would be required!! The extent to which medical imposture operates in our community is indeed appalling; and it is by no means an extravagant assumption, that it is productive of more evil than any other species of imposture to which society is liable. For almost every other there is an

antidote in self interest, but here that antidote fails of operation : so long as men remain ignorant, they must be the subjects of an interested delusion : their fears and their hopes are alike addressed, and in proportion as the one is urgent and the other buoyant, is sober and serious reason driven from the calculation of consequences. To suggest a remedy for this destructive plague may perhaps be easy ; but to apply it—here is the difficulty. The public for the most part confound under one general denomination all those who profess to deal in medicine ; and they are disposed to treat the whole body of physicians as men prosecuting a vocation merely for the sake of the profits which it yields : and so long as this belief is current, the opinions of the intelligent and educated portion of them will have little influence. We must be contented to suffer under the imputation alike disgraceful to us and disastrous in its consequences to them, until they shall think it important to distinguish between the ignorant pretender, without conscience or education, and the well instructed physician, whose conduct and conversation attest that he possesses both. It should be the business of the physician on all occasions to show to the public the folly of committing their dearest interests in health and disease to the keeping of those who affect to despise all acquirement ; to inculcate upon them the necessity of judging of physicians as they do of other men, and in the same manner. The manners, morals and intelligence of a physician are to be learned as the manners, morals and intelligence of other professional men, and it requires very little more native good sense to form an accurate judgment in the one case than it does in the others. There is one argument which we can urge without the slightest danger of being charged with interested motives ; our profession is a liberal profession, it has for its object the relief of suffering humanity, and however some men may pervert it, it is nevertheless true that by far the largest part of its remuneration is found to be the *luxury of doing good*. In such a vocation there is no room for secrecy, and to hold a *nostrum* or secret remedy is a disgrace to any man who calls himself a physician, for by this single practice he degrades the character which is its essential ingredient—he converts, so far as he can, his profession into a trade, and tells the world that his object is simply to make money, without regard to consequences. Finally, gentlemen, in view of the evils which every humane and intelligent man, whether a physician or not, must seriously deplore, I see no remedy more likely to be effectual than a frank and open expression of opinion by the profession of the disastrous consequences of medical imposture, which to do good and to have influence, must be accompanied by a correspondent liberality of individual conduct, and a constant practice of our profession in a spirit of candour and humanity which shall commend itself to all, and serve as a standing commentary on the truths which we publicly express. This is as much our interest as it is our duty, since the whole profession suffers through the unworthy conduct of many who call themselves physicians. But if it were not as much our interest as our duty : if interest and duty should, in this instance be found to conflict ; nothing can be less doubtful than that the foundation of a physician's reputation must always rest on a conscientious discharge of all the obligations of truth ; cunning and deceit, nay, even such a deficiency of moral courage as will operate to prevent their exposure, are incompatible with the station he aspires to occupy, as a high minded, liberal and intelligent physician.”—p. 13.

Graduates of the University of Pennsylvania.—At a Public Commencement, held April 5th, 1839, in the Musical Fund Hall, Locust street, the Degree of Doctor of Medicine was conferred by the Rev. Provost, John Ludlow, D. D., upon the following gentlemen ; after which an address was delivered by N. Chapman, M. D., Professor of the Practice of Medicine.

- Adams, Seth S. Fa. Circulation.
 Alden, James M. N. Y. Stricture of the Rectum.
 Alston, James W. N. C. Remittent Fever.
 Baker, Charles S. Pa. Dyspepsia.
 Bardwell, Brainard Mi. Rubecola.
 Bascome, Daniel B. Turk's Island, Peritonitis.
 Bayles, George W. Ky. Reciprocal influence of the mental and organic man.
 Beasley, James A. Va. Gastritis.
 Bellamy, John D. N. C. Hysteria.
 Bieber, William S. Pa. Leucorrhœa.
 Blunt, Angus F. Va. Bilious Colic.
 Boisseau, James P. Va. Acute Dysentery.
 Bourgeat, Joseph B. La. Fever.
 Bradford, Charles M. N. Y. Yellow Fever.
 Brooks, William D. F. N. J. Dysmenorrhœa.
 Broughton, Charles H. Va. Nysalgia.
 Burns, Robert Pa. Physiology and Pathology of the Stomach.
 Carson, James G. Mi. Hepatitis.
 Chambers, George W. Pa. Cholera Infantum.
 Cheshire, John S. Ky. Animal Heat.
 Christian, Wm. W. Va. Chimaphila Maculata.
 Cochran, William A. Ala. Syphilis.
 Cock, Thomas F. N. Y. Pneumonia.
 Collins, J. Milton N. Y. Insanity.
 Coustable, Thomas F. Va. Amenorrhœa.
 Cooper, Richard M. Jun. N. J. Colitis.
 Crichton, James E. Va. Hydrophobia.
 Criddle, Edward F. Va. Measles.
 Cross, William Va. Spinal Irritation.
 Daniels, Ezekiel Pa. Injurious influence of tight dress.
 Dibrell, James A. Ten. Pneumonia.
 Donoho, Richard A. N. C. Amaurosis.
 Dortch, Lewis J. N. C. Arthritis.
 Dove, George M. D. C. Scarlatina.
 Dove, James Va. Dyspepsia.
 Downey, John A. N. C. Quinia.
 Eaton, Samuel W. N. C. Crocote.
 Embree, George W. N. Y. Revulsion.
 English, Th. Dunn Pa. Phrenology.
 Eppea, Peter Va. Erysipelas.
 Evatt, William H. Ca. Pleuritis.
 Fauntleroy, S. Griffin Va. Dysentery.
 Fell, Jonathan Pa. Pericarditis.
 Fox, Daniel J. S. C. Dysentery.
 Frayser, Benjamin F. Va. Diseases of Dentition.
 Garland, William P. Va. Hepatitis.
 Gilmer, Francis W. Va. Arthritis.
 Given, Robert A. Ireland, Fractures.
 Graves, Nathaniel S. N. C. Gastritis Acuta.
 Griffin, Charles M. Ga. Hydrophobia.
 Griffin, James L. C. Va. Diseases of the Osseous System.
 Haines, William S. Del. Colica Pictonum.
 Hamilton, James S. Ga. Puerperal Convulsions.
 Hartman, William D. Pa. Menstruation.
 Haskins, Richard E. Va. Pests Orientalis.
 Hawkins, Peter B. N. C. Gastritis.
 Heaton, James D. Va. Trachitis.
 Henry, Samuel H. Md. Club-foot.
 Hill, William A. Va. Medicina.
 Holden, Levi H. E. I. Blood-letting.
 Hudson, Edward Pa. Infantile Dentition.
 Hughes, John S. Va. Scarlatina.
 Hunter, Alexander Ga. Evidences of general poisoning.
 Husey, Elijah M. Ala. Position and Countenance.
 Irwin, William F. Pa. Dropsy.
 Johnston, John G. Ga. The means of lessening the pains of Parturition.
 Jones, Alexander Md. Resuscitation.
 Jones, Randolph M. Md. Passions.
 Kerr, James W. Pa. Cerebral symptoms connected with diseases of the alimentary canal.
 Klapp, Joseph Jun. Pa. Fungus of the Testicle.
 Larimore, James S. Ohio, On the colour of the Skin.
 Laurie, Shepherd D. C. Medicine an elevated Science.
 Lawrence, Thomas C. Mi. Yellow Fever.
 Lea, James H. N. C. Dysentery.
 Long, Crawford W. Ga. Functional Amaurosis.
 Lyte, William J. Va. Epilepsy.
 Mackenzie, James S. Md. Croup.
 Marthens, Henry C. Pa. Empyema.
 Marr, John H. Ala. Acute Gastritis.
 Massenbourg, William A. Va. Syphilis.
 Mason, Robert H. Va. Acute Gastritis.
 Maynard, J. P. Barbadoes, Nervous Asthenia.
 McKee, Alexander E. Ky. Puerperal Peritonitis.
 McKee, William H. N. C. Puerperal Madness.
 Mershon, Sumpter Mi. Congestive Fever.
 Millan, Lyle, Va. Remittent Fever.
 Middleton, Benjamin S. Va. Blood-letting.
 Mitchell, Bruce H. Ala. Auscultation of the Heart.
 Mitchell, Moses T. Pa. Acute Dysentery.
 Moore, James J. N. C. Intermittent Fever.
 Moore, Edward W. La. Mercury.
 Moseley, Thomas H. Ga. The Mind as the result of Physical Organisation.
 Nelson, William A. Va. Urinary Calculi.
 Norcom, Caspar W. N. C. Phrenitis.
 Oliver, James L. N. C. Proto-chloride of Mercury.
 Page, William B. Va. Scarlatina.
 Paschall, Zebulon M. N. C. Opium.
 Patterson, George W. Pa. Iodine.
 Peacock, Howel Ga. Remittent Fever.
 Pegram, William E. Va. Angina Pectoris.
 Pittman, Newson J. N. C. Bronchitis.
 Pleasants, William B. Va. Scrofula.
 Pope, Charles A. Ala. Pathology of the Arteries.
 Reese, John J. Pa. Acute Dysentery.
 Reynolds, Marcus S. C. Phrenitis.
 Richardson, John D. Pa. Varioloid.
 Rideley, Henry Del. Lithotripsy.
 Ridley, William M. S. N. C. Calandra Granaria.
 Rivers, Henry W. R. I. Erysipelas.
 Rives, Wm. H. Va. Qualification of a Surgeon.
 Roberts, Henry J. N. C. Pneumonia.
 Roberts, William B. Va. Pleurisy.
 Robeson, Andrew Jr. Mass. Intermittent Fever.
 Sappington, Thomas Md. Chronic Hepatitis.
 Scott, Thomas F. Va. Amenorrhœa.
 Shackelford, John N. C. Ramollissement.
 Sims, Richards S. Va. Rubecola.
 Smallwood, Thomas J. P. N. C. Acute Gastritis.
 Smith, Edward G. Pa. Traumatic Tetanus.
 Spalding, Joshua A. Me. Cholera.
 Speece, J. Morton Va. Phrenitis.
 Spence, William A. Jun. Va. Secale Cornutum.
 Stamps, William L. Va. Arachnitis.
 Stokes, Thomas D. N. C. Delirium Tremens.
 Stone, James B. Va. Ventricular Stomachus.
 Swanson, William G. Ga. Puerperal Peritonitis.
 Swartz, Benj. Franklin, Pa. Haemoptysis.
 Talley, Horace A. Va. Dysentery.
 Taylor, James Thesus, Ala. Eupatorium Perfoliatum.
 Taylor, John E. Pa. Cholera Infantum.
 Taylor, Lyttleton L. Fa. Puerperal Peritonitis.
 Taylor, James McDowell Va. Pathology of Cellular Tissue.
 Tuggle, Robert B. Va. Menstruation.
 Tull, John G. N. C. Amenorrhœa.
 Trevor, M. Randall Pa. Menstruation.
 Veider, Alexander M. N. Y. History of an Epidemic Rubecola, as it prevailed at the Children's Asylum of Philadelphia, in the summer of 1838.
 Vinson, Daniel S. La. Causes of Inflammation.
 Walker, John Va. Trachetis.
 Watkins, Clement C. Va. Intermittent Fever.
 Wendel, James E. Ten. Blood-letting as a Therapeutic Agent.
 Whaland, Thomas H. Md. Phthisis Pulmonalis.
 Williams, Robert E. N. C. Tetanus.
 Wilkinson, Joseph B. La. Anatomy of and operation for Inguinal Hernia.
 Wood, John P. Va. Asthma.
 Wood, Thomas, Ohio, Hydrated Peroxide of Iron.
 Yohé, Andrew, Pa. Aneurism.

At the Collegiate Commencement, held July 13th, 1838, the following gentlemen also received the Degree of Doctor of Medicine.

George F. Boisseau, Va. Acute Gastritis.
 Charles B. Dodson, N. C. Acute Peritonitis.
 Augustus C. Evans, N. C. Acute Dysentery.
 Charles Foulke, Pa. Belladonna in Pertussis.
 Thomas Glaskin, Va. Vis Med. Naturæ.
 Amos W. Griffiths, Pa. Intermittent Fever.

John Hiner, Md. Acute Hepatitis.
 Robert M. McCluer, Ind. Intermittent Fever.
 Charles J. Pleasants, Va. Rubella.
 Thomas Mawney Potter, E. I. Rubella.
 John Howard Smith, Pa. Ligature of the Aorta.
 John A. Smith, Ten. Menstruation.

Total, 158.

W. E. HORNER, M. D.

Dean of the Medical Faculty.

MISCELLANEOUS NOTICES.

Auscultation in Pregnancy.—In our last volume we published some observations on this subject, tending to exhibit the effect of the labour pains on the fœtal circulation. In one of our recent German journals¹ we find an interesting communication elucidative of the matter by D. Von Hoefft of St. Petersburg, detailing certain observations made on pregnant females in the Imperial Lying-in Hospital (der Kaiserlichen Gebäranstalt) of St. Petersburg. Some of the conclusions of Dr. Hoefft are as follows:—

a. In regard to the circulation between the mother and child. From the great difference between the number of beats of the maternal heart and that of the fœtus, it is clear and evident that no community of circulation exists, as the pulse of the mother is ordinarily a third, or a half, and in rare cases even two thirds less numerous than that of the child. Hence it is manifest, that after the death, or cessation of the circulation, of the mother, the fœtus may continue to live for some time in utero, as experience has shown. Auscultation, consequently, has proved *biologically* what Hunter's preparations had exhibited *anatomically*.

b. The influence of uterine contraction on the circulation of the fœtus is exhibited in the most marked manner. During slight pains, the pulsations of the fœtus continue; but during more violent contractions, especially after the discharge of the waters, they are wholly interrupted, so that we may presume the fœtus to be in a state of temporary asphyxia in the last periods of labour, and that great danger may threaten the child if the pains continue for a long time without interruption.

Temperature of the Vagina and Uterus during Menstruation, and of the Vagina during Pregnancy.—Dr. Fricke of Hamburg has published some observations on this matter in the excellent journal² of which he is one of the conductors. From these he deduces the following conclusions:—

1. That the external air has a slight influence on the temperature of the axilla; but on that of the vagina and uterus none.
2. That the vagina is always warmer than the axilla, and even than the uterus; and that the temperature of the uterus exceeds that of the axilla.
3. That menstruation exerts so little effect on the temperature of the genital organs as not to merit attention. Pregnancy is also without any influence.

¹ Neue Zeitschrift für Geburtskunde, B. vi. s. 1.

² Zeitschrift für die Gesammte Medicin, Nov. 1838, s. 291.

From Dr. Fricke's experiments it results, that the average temperature of the axilla before menstruation was about 98° of Fahrenheit, and that it did not rise above three quarters of a degree during the process. In the vagina the average temperature before the period was about 101°; and during the period about half a degree higher. The average temperature of the uterus before and during menstruation was much the same; that is, about 100° of Fahrenheit.

Fatal Salivation from Inunction of Calomel in Hydrocephalus; by Dr. BICKING.¹—A child of three years lay desperately ill with hydrocephalus. Deeply comatose, beating its head against the pillow, and with occasional convulsions. The disease had been recognised at an early period, but resisted all medical means. Leeches had been applied in great numbers, the canal severely purged with calomel, and blisters and a seton in the neck resorted to in vain. The parents, who had lost two children with the same disease, earnestly besought that something should be attempted for the relief of this. Dr. B. had observed, in a similar case, that salivation, occurring unexpectedly after the use of calomel, preserved a patient in extreme danger, and resolved to try every means to produce this result in the instance. As there was little to hope from the internal administration of the calomel, which instantaneously passed off by the bowels, he adopted the plan of rubbing this substance into the gums. Ten grains were applied in this manner in the course of one day. On the next day five grains more were employed. The third day the salivary glands swelled, the gums softened and became sore, and saliva flowed from the mouth. At the same time the convulsions were arrested, the child roused from the coma and recognised its parents. The affection of the mouth, however, rapidly increased. The salivary glands, the lips and cheeks swelled, the tongue protruded from the mouth and a profuse discharge of offensive pus commenced. The sufferings of the child were dreadful; respiration and swallowing became extremely difficult, and articulation impossible. Under these circumstances the vital power was quickly exhausted. Gangrene of the cheek supervened and the child sunk.

BOOKS RECEIVED.

From Professor Horner.—University of Pennsylvania—Catalogue of the Trustees, Officers and Medical Class, session 1838–39. 8vo pp. 20. Philadelphia, Feb. 1, 1839.

Catalogue of Medical Graduates of the University of Pennsylvania. April 5, 1839. 8vo pp. 8.

From Dr. Darrach.—Tenth Annual Report of the Inspectors of the Eastern State Penitentiary of Pennsylvania. Read in Senate and House of Representatives, Feb. 19, 1839. 8vo pp. 28. Philadelphia, 1839.

Erratum.—In the last number, owing to our not having seen the proof of the three last articles, the number of matriculates in the medical department of the University of Pennsylvania, during the past session, was printed 202 instead of 402.

¹ *Claurus u. Radius Beit. z. prac. Heilk.* Bd. iv. Hft. 3.

AMERICAN MEDICAL INTELLIGENCER.

 Vol. III.

May 1, 1839.

 No. 3.

Brazoria, Texas, March 1st, 1839.

Professor Dunglison,

Sir—Should you think the following cases worthy of an insertion in the "Intelligencer," they are at your service.

Yours, respectfully,

JOHN J. SINNICKSON.

ART. I.—ADHESION OF THE PLACENTA, PUERPERAL PERITONITIS, &c.

In this case, as no notes were taken at the time, I am under the necessity of stating the facts from my recollection of them. About the 15th of December, 1835, I was called to visit Mrs. D.; upon my arrival I was informed by the midwife that it was a case of twins, she having delivered her of the first child near twenty-four hours previous: the labour being easy and the vertex presenting. Experiencing great difficulty in bringing forth the second, the patient becoming exhausted, and the pains gradually ceasing, the friends became alarmed, and I was sent for. Mrs. D.'s consent being obtained through the midwife for me to take charge of her, I made an examination, and found the vertex presenting; by using frictions over the abdomen the pains were increased and the labour soon over. I then retired, in order that she might obtain an interval of rest prior to the coming away of the placenta. After the lapse of an hour the midwife informed me that the placenta had not advanced, and the pains were very severe. I introduced my hand as far as was practicable, during the intermission of the pain, but the uterus being in such an irritable condition, and so much pain arising therefrom, I was obliged to desist. After some time the pains entirely ceased, and a gentle tension upon the umbilical cord convinced me that the placenta still remained within the uterus. After having recourse to every means within my knowledge without any benefit, I made use of the ergot of rye in every form, both in small and large doses; this increased the pain, but the placenta still remained. I then became convinced that it was adherent to the uterus, and the only resort I knew of, was tearing it away; this I made an effort to do, but so great was the pain, that it was abandoned, and the assistance and counsel of my esteemed friend, Dr. Leggett, solicited. When the doctor arrived I communicated to him all that I had done; he requested another trial with the ergot, but no advantage was derived from it; he then undertook to separate the adhesion, but the same difficulty prohibited him as happened to myself. What was to be done? We concluded to yield it to nature and combat any untoward symptoms that might supervene. On the morning of the second day she was seized with rigours and all the usual symptoms of puerperal peritonitis, she was bled copiously, and the most active treatment resorted to; to overcome the disease; the fætor arising from the sloughing placenta was so insupportable that it was impossible to remain in the room for any length of time with her; medicated injections were used to counteract it, but every thing that we could do

availed naught, and she died on the morning of the ninth day, after the delivery of her last child.

In concluding this I would remark that the second child in a day or two after its birth assumed a purple hue, and presented the symptoms of cyanosis, caused, as was presumed, by the foramen ovale remaining unclosed: it survived only seven days.

I think this case interesting, although death took place; is it not uncommon in a twin case for both presentations to be the vertex, and cannot this be one of self-evolution? I have since been informed that injections of cold water into the vein of the umbilical cord have proved beneficial. Upon what principle does it prove so? I know not in what manner it has a tendency to destroy the adhesion.

Retention of the Placenta for four days and a half.—Mrs. S. was confined with her first child on the 1st of January last, and towards midnight delivered by an old negro woman who officiated as midwife. On the following morning her friends became alarmed in consequence of the placenta being retained. A messenger was despatched in haste after Dr. Smith, he being the nearest physician; upon his arrival, and ascertaining the nature of the case, he bled her very freely, but without any benefit. Dr. Stewart was then requested to visit her; upon making an examination he found the os tincæ firmly contracted; venesection was repeated, and the ergot administered in the usual doses, without producing the slightest pain. On the morning of the 4th, through the request of Dr. Stewart, I accompanied him to her residence; we found upon examining over the surface of the abdomen, the uterus firmly contracted, no pain or tenderness upon pressure, pulse soft, full, and rather frequent, skin moist, &c. Having some fresh ergot with me, we concluded to use it with the warm hip bath still not the least pain was produced, nor did the contraction of the uterine fibre relax.

Having exhausted our knowledge, and every remedy that we could command failing us, we left her with that regret which every physician must experience in a greater or less degree when he abandons his patient in such a condition, leaving the case as a last resource to the effort of nature. Expecting to hear of her death, we were agreeably disappointed upon receiving the intelligence that the placenta came away entire about ten o'clock on the morning of the 6th; she rapidly recovered.

Since this case, I have seen in your publication, the "Intelligencer," the recommendation of injecting the decoction of poppy heads into the vein of the umbilical cord, as having proved very efficacious.

JOHN J. SINNICKSON.

Professor R. Dunglison.

ART. II.—LOCAL APPLICATION OF IODINE IN HERPES CIRCINATUS.

Dear Sir.—For the last twelve years I have used the alcoholic tincture of iodine as a local application in those troublesome cases of herpes circinatus or ring worm so common in our southern country, with the happiest effect. Indeed I do not recollect any case in which it has been used without a radical cure. As I believe it is not generally known to our medical public, not having seen it recommended by any author in similar cases, you may confer a favour on some of the readers of your valuable periodical by inserting this notice.

Yours, truly,
G. BILLINGSLEA.

Ararat, Montgomery Co. Ala. April 8th, 1839.

ART. III.—PHILADELPHIA HOSPITAL, (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

Case of Meningitis. Reported by Dr. A. M. VEDDER, Senior Resident Physician.

Hannah Murray, (black), ætatis 40; entered Black Women's Medical Ward June 22d, 1838. Patient is nurse of the incurable ward; is married; has been subject to a slight cough for a long time. She has had several attacks of neuralgia, which were always relieved by sinapisms or cups to the spine.

Four weeks before her entrance she had some difficulty in walking. About June 10th was taken with neuralgic pains, which were treated in the usual manner; some relief followed. June 14th, complained of pains in her limbs: it was then observed that she tottered in her walk; during this time she had cephalalgia and loss of appetite; failure of memory. No convulsions; no hallucinations; no vomiting. Was able to walk on the 21st with great difficulty, however. On the morning of the 22d, Dr. Taylor, who had charge of the ward, was sent for, and found her in a comatose state. She was then transferred to the hospital, having refused to go previously.

Present State, June 22d, P. M. Small frame; well formed, muscular. Decubitus dorsal. Comatose; opens her eyes when aroused; eyes are protruding, shining, rolling about; a vacant stare when open, with an expression of surprise. Conjunctiva scarcely injected; pupils contracted to a mere point. Dilatation of nostrils on inspiration. Breathing laboured, stertorous. Resists attempts to open her mouth. Tongue cannot be seen; seems to hear when spoken to. Pulse 108. Skin cool, perspiring. When touched she starts, cries oh! with an expression of agony.

When attempts are made to flex the arms, there is a sort of involuntary resistance; if the arm be raised gently it can be flexed and extended, if done slowly and gently. Expression cerebral; spasmodic twitching of the muscles of the face at times. Cannot swallow.

Prescription.—The head to be shaved, and ice applied. Sinapisms to the extremities. Cucurbitulæ cruentæ, (ad f. 3 viii.), ad nucham. R. Magnes. sulphat., fol. sennæ aa ʒi. Infunde in aquæ bullientis Oi. Adhibeatur formæ enematis.

June 23d, P. M. Stupor continues: slight distortion of mouth; pupils small, not dilatable. When spoken to opens her eyes. Lies with her mouth open. Respiration laboured, 36; moaning almost constantly. Does not move her limbs or change her position in any way; cannot swallow. Same expression of pain on being touched, or when attempts are made to move her limbs. Arms partially flexed; lower extremities extended. No urinary discharge since entrance; percussion, however, is gaseous in the hypogastric region. Four stools from the enema; she seemed less stupid this morning. Pulse 114. Skin cool, moist. Head rather warmer than body. Moaning continues. No convulsive movements of extremities. No subsultus tendinum. Occasional twitching of the eyelids.

Repetantur cucurbitulæ cruentæ nuchæ et enema infusî fol. sennæ et magnes. sulph. Continuatur applicatio glacies ad caput. This morning an enema of oleum terebinth. was administered without effect.

Died at 12 o'clock P. M. June 23d.

A few minutes before 12, had a convulsion, with constant twitching of the muscles of the face, rolling of the eyes and twitching of the lids.

Necroscopy thirty hours after death. Exterior not emaciated; lower extremities very rigid, upper not so.

The great cavity of the arachnoid contains about f. ʒii. of light straw coloured serum; that portion of the membrane covering the posterior part of both hemispheres is opaque. The right portion is a little rough to the touch; these portions of the membrane, as well as that dipping into the

great fissure are decidedly injected. The membrane can be raised without tearing the substance of the brain beneath; the tissue of the brain is rather pale and of good consistence throughout. The lining membrane of both ventricles is pale; they contain about a drachm of reddish coloured serum. Plexus choroides a little deeper coloured than usual. Fornix of good consistence. Arachnoid covering the medulla oblongata extending to the spinal marrow is intensely injected of a bright red colour, and contrasts strongly with surrounding membrane; that portion covering the cerebellum a little more injected than the average. The tissue of the cerebellum is firm. Corpora striata present the usual appearances.

Chest.—No effusion into either pleura. Both lungs are of a dark colour externally; much congested, the right particularly. After a simple incision, an abundant dark coloured fluid runs out.

A few nuclei of tubercles are found in the right lung. No cavity.

Heart, rather large, flaccid. Semilunar and auriculo-ventricular valves are normal.

No other part was examined.

A. M. VEDDER.

ART. IV.—ON DISEASE OF THE VERTEBRÆ.

BY SIR B. C. BRODIE.¹

There is a joint between every two vertebral bodies, with the intervention only of a piece of cartilage between them. If, in a case of diseased vertebræ, you dissect the parts in the early stage of the complaint, you will sometimes find the bones more vascular than natural. After this a cheesy deposit takes place, and the vascularity of the part diminishes. At other times you will find that the vertebræ are abnormally light, soft, and spongy in texture, admitting of being easily cut through with a knife; and again, in other cases, you may find them unusually hard and heavy in texture, as bones frequently are in chronic inflammation, before ulceration sets in. Diseases of the vertebræ sometimes commence in the intervertebral substance. In the healthy state there is, in the centre of the cartilage, an elastic, soft, gelatinous substance. This sometimes becomes brown and brittle, and seems divided into fragmentary lamellæ, and loses its connecting adhesions above and below. In this manner caries will sometimes commence in several parts of the vertebral column at once. In other cases the ulceration begins at the anterior or lateral surfaces of the vertebræ, but most frequently its first effects are seen at that part where the vertebral bodies are connected to the cartilage above and below. When ulceration once commences, it spreads very rapidly, and may continue for some time before suppuration comes on. This may occur when, as yet, there is but little destruction of the bones from ulceration, or the contrary; or the vascularity of the bones may diminish and they may die, but not exfoliate to any great extent. Ulceration may go on in the bodies of the vertebræ, as in other joints, for a long time without suppuration coming on; but sooner or later abscesses will form on the surface of the carious bone.

Sometimes suppuration begins with but little destruction of the vertebral bodies, and but a very small quantity of pus may be secreted. Sometimes, also, suppuration will not commence until ulceration has proceeded to a very great length. When the bodies of the vertebræ die they exfoliate as in scrofulous cases, their vascularity becoming diminished, and the sequestrum is thrown off, but not to any very great extent. The vertebræ are sometimes extensively implicated, and many surfaces of bone are affected, whilst, in other cases, the reverse of this obtains. When an abscess forms it points

¹ *Lancet*, March 16, 1839, p. 897.

sooner or later to the surface, according to its situation. Sometimes, however, it makes its way inwards into the cavity of the theca vertebralis. I remember one case in which the cervical vertebra were affected, and the whole cavity of the theca was filled with pus.

Caries sometimes occurs in the joints, between the articulating processes, and this is more frequently met with than is generally supposed. This most commonly occurs in the cervical vertebrae, and the destruction of parts is, in these cases, greater than where the disease is confined originally to the bodies of the vertebrae.

Where caries affects the bodies of the vertebrae you do not notice, at first, any alteration in the figure of the spine; and this alteration, when it occurs, is marked by an angular curve, greater or lesser, according to the situation of the original disease. In the lumbar vertebrae the disease may go on for a long time before any alteration is observed in the shape of the spinal column, because their spinous processes are short and stand directly out. The same may also be said of the cervical vertebrae. But, in the dorsal vertebrae, the bodies of the bones are small, compared to those of the loins; their spinous processes are long and point downwards.

Angular curvature, then, only occurs in the advanced stages of carious disease of the vertebrae. Sometimes it shows itself suddenly, in the course of a month, perhaps, in cases where matter forms suddenly, and as suddenly discharges itself. Angular curvature differs in different cases; sometimes there is a double angle, one below the other. If the curvature be slight there is but little alteration of position in the internal viscera; if the curvature be great, the course of the aorta is altered, and I have dissected cases after death in which the aorta made two or three turns. Sometimes, in these cases, the sternum and ribs project more than is natural, the heart appears displaced, and the lungs seem compressed and diminished in size.

I shall now give you a general account of this disease of the vertebrae as it is developed in its symptoms. The pain is sometimes very obscure and trifling in the early stage, and it may gradually increase to very great severity, or it may remain very trifling in degree throughout the entire case; or it may, on the contrary, be very severe from the first day to the last. I have known cases in which the curvature has been very great and the patient has suffered no pain whatever; whilst I have known others in which the curvature was much less, and the slightest motion gave the patient intense pain, and pressure caused very great agony. Here, then, are two extreme cases; but between these there are many degrees of variation and change. In scrofulous caries of the spinal bones there is, generally, but little pain suffered, whilst in simple inflammation, followed by ulceration, the pain is generally very severe. This disease of the vertebrae begins sometimes very insidiously, and can be traced to no original source or cause. It will sometimes follow an attack of fever, and caries, with all its symptoms, becomes soon set up. There are other diseases of bones which frequently show themselves after an attack of fever. Sometimes this occurs in persons of truly scrofulous habit; sometimes in those who possess the healthiest constitutions. Pain comes on first, and suppuration and abscess soon follow. In some cases, however, a long time elapses before any change in the shape of the spinal column occurs, or abscess presents itself. I know of a case in which abscess only showed itself ten years after the irruption of the original disease; and I know of another in which the disease had existed twenty-one years before any abscess presented. An abscess, therefore, may be pent up for a very long time. It is very strange, however, that it may exist for this length of time without the constitution suffering from its irritation.

Well, then, either sooner or later, the abscess bursts. When this occurs in young persons they may recover, the cavity may become filled up, and ankylosis may take place between the vertebrae. Generally, however, the reverse of this presents itself, and the patient dies. Hectic fever shows

itself; the lungs become affected, and the patient dies from some internal disease supervening upon the fever. The children of the upper classes of life may, and do sometimes recover from the disease.

Disease of the bones of the spine may irritate the spinal chord, or the cauda equina, and cause irritation of the parts below, which they supply with nervous influence. These symptoms differ, of course, according to what part of the bone the caries is situated in:

If the caries be situated in the upper cervical vertebra, there is pain in the back of the neck when motion takes place, and stiffness; and such a case may be simply mistaken for one of stiff neck. There is pain extending up to the head, and this may last for a long time before angular curvature shows itself, because the spinous processes of the cervical vertebræ are very short. The symptoms which then ensue are numbness and paralysis, with loss of the use of the arms, pains in the shoulders and arms, which may be severe or not. This is followed by paralysis extending from muscle to muscle. If the disease goes on these symptoms extend to the lower limbs, and they become paralysed, and the patient cannot move at all. The abdomen becomes affected, the bowels become torpid, and no purgatives will act upon them unless they be combined with ammonia. Some time will frequently elapse before abscess forms in the neck, which generally occurs at its inferior and lateral part. You should be careful in detecting this disease in its early stage, and you may know it by the accompanying pain and stiffness. If you put your hand on the patient's head and press it down firmly, it will cause very great pain, which simple stiff neck will not do.

When caries occurs in the dorsal vertebræ, there may be pain or not at the actual seat of the disease, or the pain may be in the loins, or referred, in the first instance, only to the hip, which might lead an inexperienced practitioner to imagine the disease was situated there. As the disease goes on, then, in the dorsal vertebræ, the pain extends to the chest and abdomen, the bowels become torpid, and there is a frequent sense of constriction across the epigastric region, with tightness of the chest and dyspnœa. The lower limbs become paralysed, and the patient trips in walking. The muscles are affected by spasmodic twitchings and convulsive movements. The bladder becomes paralysed, and the urine is with difficulty voided, whilst the spine becomes distorted, more evidently so in the neck than elsewhere, from the spinous processes of the cervical vertebræ pointing downwards. As the disease progresses the angular curvature increases; an abscess forms at the anterior and lateral surface of the spinal column, which is bound down by a thick capsule of lymph, preventing it frequently from coming forward in the spot in which it forms, and frequently causing it to descend along the line of the psoas muscle, and present in the groin.

If caries occur in the lumbar vertebræ the abscess may be felt in the belly, in front of the kidneys, where it may lodge for a long time, and thence descend along the psoas muscle into the groin, pass thence through the sacro-sciatic notch, following the course of the sciatic nerve, and coming out at the back of the thigh; or it may burst at the back of the abdomen; or I have known cases in which it has come forward in the chest. The pain in the loins may be at one side only, or it may extend across to both, and it may be slight or severe in suffering, according to the condition of the bone, whether it be hard or soft from scrofulous disease or chronic ulceration. In some cases the pain is severely aggravated by the slightest motion of the lower limbs, and this may continue for three or four years. I knew one in which this state of disease continued for ten years. After this abscess appears. Sometimes there is paralysis of the parts below, sometimes not; and sometimes there is angular curvature, and sometimes not. In these cases the abscess will present itself at the anterior superior spinous process of the ilium; and sometimes by the side of the sacro-lumbalis muscle, or it may burst into the rectum or the scrotum, or it may present at one place and shift thence to another. When it presents itself in the groin it is small,

but very soon increases in size. An abscess may be present but cause no constitutional disturbance; or there may be frequent rigors, night sweats, and hectic fever. Within the spinal canal of the lumbar vertebræ there is no spinal marrow, but only the cauda equina, each with its separate neurilema. The bodies of the lumbar vertebræ are larger, and it therefore takes a longer time for an abscess to eat its way out by ulceration. It is, therefore, a longer period before paralysis occurs, and a greater degree of ulceration is required to produce angular curvature; and when this does occur, the projection outward is not so well marked, from the spinous processes being shorter.

You may safely diagnosticate between this affection of the lumbar vertebræ and others in which the bones and muscles of the loins are affected. Common lumbago comes on suddenly with pain and incapability of motion, which after a time go off. Inflammation of the lower part of the spinal chord and the cauda equina producè pain with effusion of lymph around the spinal marrow; the sudden and violent pain in the loins resembles lumbago somewhat; but you may distinguish it by the pain not being increased on motion, and if you cup and bleed, and give mercury, the pain and paralysis subside. Pain from affection of the kidneys generally occurs in one loin only, with consequent irritation of the bladder, with albumen and pus in the urine, which latter symptoms will sometimes render the diagnosis difficult. I knew of a case of albuminous urine, occurring in a case of diseased spine, mistaken for disease of the kidney; but whether disease of the spine will extend to the kidney my experience does not enable me to determine.

BIBLIOGRAPHICAL NOTICES.

*Gallup's Institutes of Medicine.*¹

This is the production of a professional veteran—the well known author of a work on epidemics, published twenty-five years ago—and as such, even were there no intrinsic ground—entitled to respectful attention. It owes its publication, the author states in his preface, to “two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures or the principles embraced in them.”

The three parts into which the work is divided comprise respectively the general principles of physiology, pathology, and therapeutics—the departments which are considered to be included under the term “Institutes of Medicine.”

The volumes contain much useful information, not always conveyed in a style free from quaintness and singularity. The typography of proper names, too, has not received the necessary attention.

¹ Outlines of the Institutes of Medicine founded on the Philosophy of the Human Economy, in health and disease. In three parts (with a motto). By Joseph A. Gallup, M. D., author of *Sketches of Epidemic Diseases in the State of Vermont*; late Professor of Theory and Practice in the Vermont Academy of Medicine; and of the Clinical School of Medicine; Ex-president of the Vermont Medical Society; Honorary Member of the Medical Society of the State of New York, &c. Two vols. 8vo. pp. 416, 460. Boston, 1839.

Transactions of the New York Medical Society.¹

This part of the society's transactions contains the annual address of Dr. Hull, which we noticed in our last number; an address on spinal disease, delivered before the Tompkins County Medical Society, in 1833, by Dr. A. Church; an address by the same gentleman, and delivered before the same society in 1834, on Quackery—a favourite subject, by the way, with our brethren in New York who are appointed to deliver addresses. An address on Medical Societies, delivered before the same society, in 1835, by the late Dr. Daniel D. Page, and another on Observation and Attention, read before the same society, by the same individual in 1836. A translation of Dr. Casper's excellent paper on Suicide and its increase in the present day, translated by Horace B. Webster at the suggestion, we doubt not, of our enlightened friend, Dr. T. R. Beck; and a communication by Dr. Beck, entitled, Statistics of the Medical Colleges of the United States.

The appendix contains an abstract of the proceedings of the Medical Society at its annual session in February, 1839, with sundry matters more interesting to our professional brethren in the State of New York than elsewhere.

Miescher on Inflammation and the general Anatomy of the Bones.²

In the first volume of this journal³ we expressed our sentiments regarding Dr. Miescher's dissertation—"De ossium, genesi, structura et vita;" that it was "an admirable exposition of the present state of knowledge on the subjects, united with the observations of the author himself, who is fully informed on the literature as well as on the anatomico-physiological bearings of his topic."

This dissertation is reprinted in the volume before us, of which it forms the first part, and for a copy of which we are indebted to the learned author, who is now professor of physiology at Basel in Switzerland.

The second part of the volume deserves equal commendations with the first. It is not confined, as the title would seem to import, to the considerations of simple inflammation of bone, but embraces the whole pathology of the osseous structure.

We doubt not that this is the first of a series of valuable works from the same source: the author's qualification as an erudite and reflecting observer can admit of no question.

MISCELLANEOUS NOTICES.

Quarterly Report of the Obstetric Practice in the Philadelphia Dispensary, Dr. WARRINGTON, Accoucheur.—Since the annual report for 1838, thirty-six cases of labour at term have been attended to in this institution.

¹ Transactions of the Medical Society of the State of New York, vol. iv. part 2. To be continued annually. 8vo. pp. 176.

² De Inflammatione Ossium eorumque Anatomie generali. Exercitatio anatomico-pathologica, Auctore Friderico Miescher, Med. et Chir. Dr. Accedunt Observationes de Canaliculis Corpusculorum Ossium atque de Modo, quo terrea Materia in Ossibus continetur. Auctore Joanne Mueller, Anatomix et Physiologiæ in Universitate Literaria Berolinensi Professore, &c. &c. Cum Tabulis quatuor æneis. 4to. pp. 264. Berolin, 1836.

³ Page 114.

Twenty-one boys and sixteen girls have been born, one woman having twin daughters.

Of twenty-four cases in which the position of the child was carefully noted, sixteen presented in the first, six in the second, one in the fifth of the vertex, and one in the first position of the breech.

The average duration of labour in seventeen cases was nine hours and forty-two minutes, the extremes being two and twenty-six hours.

The average time required for the spontaneous delivery of the placenta in twenty-five cases was twenty-six minutes, the extremes being two, and two hundred and forty minutes.

Several cases occurred in which, in consequence of the contraction of the os uteri, the placenta was retained, and required the introduction of the finger or whole hand to bring it down edgewise.

In one case the chorion was found adherent to a considerable portion of the surface of the uterus, after the expulsion of the placenta. It was detached by the careful introduction of the hand.

There were two cases of hemorrhage during labour, one commencing several days previous to regular uterine contractions, and the other at the beginning of actual labour. The hemorrhage subsided in both cases as soon as the first stage of labour was completed. In one of these cases the edge of the placenta could be distinctly felt at the os uteri; in the other it was less satisfactorily recognised.

There was one case of rigidity of the os uteri which, after irregular but powerful uterine contraction for several days, yielded very slowly under the use of free bleeding, purging, and morphia.

In one case, as soon as a very large bag of waters was ruptured, the greater part of the umbilical cord descended into the vagina, and in consequence of the firmness with which the head immediately engaged in the superior strait, it was impossible to return it. The forceps were applied and the child delivered in about three minutes after the discovery of the fact. About two inches of the fetal extremity of the cord pulsated pretty strongly when the child was extruded; respiration, however, could not be established, although vigorous efforts were made by my pupil, J. H. Harrison, and myself for more than half an hour.

One patient, the subject of the crotchet delivery alluded to in the last report, was taken in labour at term, one year and fifteen days after that event. The first stage was completed in about ten hours from its commencement. The membranes ruptured spontaneously. The child's head remained wedged in the superior strait without advancing under active uterine contractions. The forceps were applied, and a fine healthy child delivered in half an hour in the presence of several members of the obstetric class. Upon a careful examination made during the early part of labour, the lower portion of the sacrum was found presenting a slight convexity forwards, thus considerably reducing the antero-posterior diameter of the cavity and inferior strait of the pelvis. The patient and child did well, the mother resumed the duties of her household at the end of the second week.

The forceps were also applied in a case under the care of Dr. Berkeley, one of the district physicians, in consequence of the ineffectual efforts to deliver the child from the inferior strait: the child was readily and safely delivered.

There were several cases of uterine congestion, with great tenderness in the hypogastrium, but generally without fever; all readily yielded to moderate bleeding, oily purgatives, and warm fomentations.

There was one case of well marked metro-peritonitis—it promptly recovered under the use of the lancet and applications of leeches to the vulva and hypogastrium.

There was in addition to the above, one case of abortion at the fifth month of gestation, in which the child appeared to have been dead for some time.

A premature delivery at seven months, with feet present—child lived

twelve hours. One at near eight months, of fourth position of the breech—child lived six hours.

Several children were attacked with ophthalmia, all but one recovered under the use of the solution of nitrate of silver and mucilage of the medulla of sassafras. For the one which forms the exception no nurse could be procured, and it died in convulsions eight days after birth.

One case of monstrosity occurred in a child which died in a few days from defect of organisation.

Thirty of the above cases of labour occurred in the presence of some one or more members of Dr. Warrington's class.

Dr. Patterson gives the following report of a case which occurred in the district in which he conducts the general practice.

Saturday, February 16th, 1839. J. N. had irregular pains; os uteri not dilated. 17th. Pains continued all night; now more frequent and severe. Os uteri still closed; attempted bleeding, but succeeded in getting only \mathfrak{z} v. to \mathfrak{z} vi.

Evening.—Os uteri dilated about a line in diameter. Bled \mathfrak{z} xxv. 18th. Pains frequent and forcing; os uteri size of half a dime. Called Dr. Warrington; bled \mathfrak{z} xxx. Gave tartarised antimony freely. It produced vomiting, but not much relaxation.

Evening.—The distended bladder formed a prominent and distinct tumour in the hypogastrum. With some difficulty a very small male catheter was introduced and more than a quart of urine was drawn off. Bled from a vein in each arm, the patient standing, but although syncope did not ensue, could not obtain more than about \mathfrak{z} v. of blood.

Evening. 11 o'clock.—Os uteri still undilated beyond the size of a dime. The waters had passed off more than twenty-four hours since. The sugillated scalp could be felt forming a tumour protruding through the small opening in the uterus. Made a free application of softened extract of belladonna to the os and cervix uteri. Dilatation now proceeded so rapidly that the child was delivered in the presence of a medical friend at 2 o'clock A. M. of the 19th. The child was dead, and the scalp greatly ecchymosed. The uterus remained in a state of congestion for several days afterwards; patient recovered.

Effects of Colchicum and Lytta—Externally, by THOMAS LAYCOCK, Esq. York County Hospital.¹—A remedial agent is valuable in proportion as it is efficacious, simple, and easy of application; and this consideration has induced me to forward some observations I have made in this hospital on the effects of colchicum and lytta in rheumatism and vesical paralysis, when used topically. I think they will interest the professional public. I have added one or two short remarks on the use of opium and belladonna in a similar way.

Some theoretical speculations led me to try the following liniment in rheumatism:—

R. Tr. rad. colch.; tr. camph. aa. partes æquales. M.

The patient who used this was a tall groom (Richard Bould), under the care of Dr. Belcombe, subject to rheumatic attacks, and who at the time was unable to lift his arm, on account of rheumatism of the deltoid muscle. I was agreeably surprised to find that, after the third application, and within twelve hours after the first, he was able to raise his arm freely to his head. The relief was, however, only temporary, but the application was used with equal success so often as the pain recurred. The patient was subsequently attacked by smallpox (after vaccination), and nothing was heard of the rheumatic pains until he was convalescent, when they attacked his hip. He reminded me of the liniment, and one trial removed the pain. I now prescribed it for two or three out patients, and these derived benefit. I then

¹ London Med. Gazette, March 16, 1839, p. 699.

omitted the tincture of camphor, and I now find the groom is relieved with equal celerity and certainty by the tincture of the colchicum root alone. Relief so constantly follows its application in his case, that I cannot doubt its utility. When the loins are affected he cannot turn in bed unless the tincture be previously used. He rubs one or two teaspoonsful on the part affected. I have found it equally successful in another case, in which the deltoid muscle was affected.

The only notice I can find of this method of using colchicum, is in the "Dictionnaire de Mat. Medic." of Merat and De Lens, ii. 361. A Dr. Gumpert is there quoted (from Rev. Méd. p. 140), as having used the tincture of seeds of colchicum as a local application in gout and rheumatism very successfully. The particular instance of a clergyman is mentioned, who was confined to his bed for a month or six weeks with the latter, and who was able to leave it on the fifth day after frictions with the tincture of the seeds. From theoretical considerations, which I need not detail, I think it will be found a useful application in gout as well as rheumatism. Those who have corns, which are painful during atmospheric changes, will probably find the twinges of those delicate pedal barometers alleviated by the topical use of some preparation of colchicum. *Bursal* rheumatism will, of course, be most relieved by its use.

Lyttæ in vesical paralysis.—I believe it is well known that the tincture and powder of the *melœ vesicatoria*, or cantharis, is very useful in atony or paralysis of the bladder, especially of hysterical and aged people. I have found, however, that an *emplastrum lyttæ* applied to the loins is equally efficacious, and much more manageable. A female, confined to bed in the last stage of laryngeal phthisis, could not pass urine without raising herself upon her knees. She was at last too weak for the effort, and it became a question how the difficulty could be surmounted. I recommended an *emplastrum lyttæ* to be applied to the loins or sacrum, until she felt able to empty the bladder in the recumbent posture. In half an hour after the application she succeeded. She lived for three or four weeks subsequently, and the plaster was in almost daily use until she died. In most instances from one to two hours elapse before the desired effect is produced; in hysterical retention about the latter period. The plaster is useful in other cases. A man came to the hospital with a catheter in his bladder; he had not made water without it for three weeks. It was removed, and an *emplastrum lyttæ* applied to the sacrum for three or four hours; he never wanted the catheter again, and went away in a week quite well. I am not aware that this method of using the fly is mentioned by authors.

Dr. Simpson (physician to the hospital) uses a belladonna plaster over the region of the heart, to quiet violent palpitation; I have found it very successful, especially in nervous palpitation. The belladonna plaster will also relieve irritable bladder, and neuralgia or irritability of the rectum. The plaster should be made with the pure extract spread on lint or leather, and applied moist to the sacrum or perineum. I think an opiate plaster, made with powdered opium and soap cerate, is more efficacious than the belladonna, at least in irritable bladder; it will sometimes enable a person to rest undisturbed during a whole night.

*Kluge's Treatment of Syphilis.*¹—In every case of primary or of secondary syphilitic affection, Professor Kluge prescribes a quantity of Epsom salts, dissolved in fennel water, sufficient to cause from three to five watery evacuations; and this to be taken every second day during the first week, and every third at a later period. The patient is also usually put on vegetable diet, and kept in a room of moderately warm temperature, and generally confined to bed, especially at first. Local applications are seldom

¹ London Med. Gazette, March, 16, 1839, p. 908.

made; and, in gonorrhœa, no local treatment, further than having the parts affected carefully bathed with water, is considered necessary.

In the more obstinate cases of secondary syphilis, instead of salts, the patient takes enough of the decoction Zittmanni, or of a compound decoction of sarsaparilla (which contains some infusion of senna), to open the bowels two or three times a day. When patients already affected by mercury present themselves, sulphur, or baths of sulphuret of potass, are prescribed as preliminary measures.

The results of this treatment Dr. Kluge regards as very successful. He considers that, under the non-mercurial system, the cures are as rapid as where mercury is used, and that secondary symptoms show themselves more rarely. In particular, inflammation of the periosteum and venereal nodes, which were very common indeed while he used mercury, are now scarcely ever seen at the new Charité. It is certainly a curious fact, to whatever circumstance it ought to be ascribed, that such cases scarcely ever present themselves there. Notwithstanding the high opinion of this method as applied to the hospital practice, which Dr. Kluge entertains, he thinks it quite unfit for the cases of private patients, as, while under treatment, no one can pursue his usual avocations.

Dr. Kluge has met with few imitators among the practitioners of Berlin; and they seem to consider that mercury affords by far the surest cure.

There are a variety of circumstances which make general returns of the results of any particular mode of treatment not worthy of implicit confidence; and this is particularly the case in the present instance. As to the time in which the cures are effected, it is impossible, from the arrangement of the clinique, for those who attend it to collect any accurate information; and as to the frequency of the appearance of secondary symptoms, it is true, as my friend Dr. Staberoh remarks, that many cases in which secondary symptoms show themselves, do not return to the syphilitic wards, but are sent to the clinique for the diseases of the skin.

Hemorrhage in a New Born Child, by Dr. TIEMANN¹, of Bielefeld.—This child was born jaundiced, was tender and feeble, but lively for the first few days; took the breast readily, and appeared to digest well. The navel string fell off the third day. The skin now became more yellow, the child fretful; the stools were less frequent, hard, and of a whitish hue. On the seventh day the navelband was found filled with blood, amounting to half an ounce beside coagulum. It proved on inspection that this came from the navel, probably from the umbilical vein; no ulceration could be detected. The loss of blood had greatly reduced the child, so that he seemed faint and slept with eyes half closed; but he still took the breast willingly. The tongue was clean, the abdomen soft, and not painful; when this part was pressed on or the child cried, the blood flowed again. The stools were solid and clayey, the skin dry, of natural warmth, the pulse weak. On the following day, in removing the band, venous blood was again found, and on sneezing several drops of blood came from the nose. The fæces were now hard and dark, and on being mixed with water proved to contain blood. The subsequent course of the disease presented nothing remarkable; the jaundice increased; to the bleeding from the navel and nostrils was super-added occasional hemorrhage from the mouth, the fæces retained the same character, the debility augmented and the child sank on the twenty-first day from birth. No autopsy.

A Spasmodic hour glass contraction of the Uterus, preventing the extrusion of the Placenta and causing considerable Hemorrhage, by Dr. HEMMER², of Schmalkalden.—On the 25th of January, 1830, Dr. H. was

¹ Medicin Zeitschrift v. Vereine für Heilk. in Pr. 1837, No. 42

² Neue Zeitschrift für Geburtakunde, v. Busch Bd. v. Hft. 3.

called to a woman who had been rapidly delivered of a healthy girl the same morning. The afterbirth was still retained. The constant hemorrhage had so enfeebled the patient that repeated fainting had already occurred. Dr. H. found the uterus contracted so as to form two cavities, and the emaciation so strong as to convey the impression that the placenta was firmly attached. The distance of the right hand introduced into the uterus from the left which compressed the organ externally, together with the manipulation employed in separating the placenta from this false fundus, revealed the true condition of the parts. Having cautiously introduced his hand through the strait into the upper cavity, Dr. H. succeeded in detaching the afterbirth and bringing it down. The hand was then again carried up in order to stimulate the organ to contract. The patient was comfortable the next day. The case is one of some interest, although hour glass contraction of the womb is recognised by writers as no very rare occurrence. As respects the manœuvre produced by Dr. H. of introducing the hand a second time into the organ, we imagine this is seldom found necessary, if the removal of the placenta in the first instance is effected with sufficient deliberation.

A Case of Fracture of the Coracoid Process of the Scapula, with Partial Dislocation of the Humerus forwards, and Fracture of the Acromion Process of the Clavicle. By JOHN F. SOUTH, Assistant-Surgeon to St. Thomas's Hospital. (Read before the Royal Medical and Chirurgical Society, February 12, 1839.)—The author was induced to lay this case before the society, as from being verified by dissection, it is adequate to remove those doubts which have been often entertained of the occurrence of such an accident as fracture of the coracoid process. The author saw the patient about an hour after he had fallen from a scaffold thirty feet high. In addition to the injury of the shoulder, he had a wound over the coronal suture, with surrounding contusion, but no evidence of fracture or injury of the brain, though blood streamed freely from the left ear. There was also extensive injury to the elbow joint, with fracture of the olecranon. From a careful examination of the shoulder-joint, the author was led to the conclusion that the humerus was dislocated under the clavicle of the same kind, though not to the same extent as the so-called dislocation under the pectoral muscle. The dislocated head of the humerus was replaced by lifting the neck outwards with the thumb, and rotating the arm, and its replacement was indicated by a grating sound. After four days, the patient having died from his several injuries, the author had an opportunity of examining the shoulder, of the appearances of which he gives the following account:—"On turning back the integuments, a small quantity of effused blood was found on the front of the shoulder; and to my surprise, a fracture of the clavicle, about a third of its length from the acromial extremity, with, however, but little displacement."

"The acromion was broken at the usual place, about an inch from its extremity, but not at all displaced, as the periosteum had not been lacerated. The coracoid process was found broken about half an inch from its tip into two unequal pieces, the smaller of which remained connected above, with a piece of the triangular ligament still attached to the acromion, and below to the short head of the biceps muscle, which had pulled it down as far as the ligament would allow. This muscle was torn from the coraco-brachialis about an inch, and to the top of the conjoined tendon of the latter, and of the lesser pectoral muscle, was attached the larger portion of the broken coracoid process," &c.

The author, in conclusion, makes some observations on the partial dislocation of the humerus, which he conceives can only take place in conjunction with fracture of the coracoid process.

Case of Fatal Hemorrhage from Tubercular Excavation. By WILLIAM FRED. BARLOW, Esq.¹—Death rarely ensues in cases of consumption by reason of hemorrhage. The manner in which nature secures the safety of the patient, by obliterating the vessels previously to their destruction by ulceration, is well known to every one who has considered the pathology of this affection. The following instance, in which life was almost momentarily ended by the most copious hemorrhage, shows how this malady, the course of which is, all but universally, gradually to impair the energies of the constitution, and waste the frame by slow degrees, may suddenly be brought to a close by the integrity of a vessel being interfered with by the formation or increase of a cavity. Such an event, which happens so seldom that to anticipate it would be absurd, is the more likely to surprise us where a cavity is situated at the root of the lung, from the circumstance that the vessels penetrate at that spot.

Benjamin Flack, ætat. 10, had been labouring under evident symptoms of consumption for some time; he was much reduced and emaciated, but not so far debilitated by the effects of the disease as to be confined to his bed. The 22d of September he was walking about in a yard adjoining the cottage where he lived, taking such exercise as his strength permitted, when his father, who was close by, was suddenly alarmed, to use his own phrase, "by a choking noise," and upon hastening to see what had happened, found blood rushing from the boy's mouth in so profuse a quantity that he died of the hemorrhage in a few minutes. He expired long before I arrived, and I was directed to a large pool of blood which indicated where the occurrence took place. Upon examining what he had expectorated a short time previously I observed numerous streaks of blood.

Inspection of the body displayed tubercles everywhere interspersed throughout the lungs; the peritoneal covering of the diaphragm and intestines was also thickly studded with them. The mesenteric and bronchial glands were enlarged and tubercular; some of the latter were of the size of pigeon's eggs, of a hard and dense exterior, internally presenting a soft, yellowish, caseous deposit. The trachea, bronchi, and their larger branches, were found completely gorged with coagulated blood, which had imparted to their lining membrane a deep red colour. One of the primary divisions of the left bronchus passed into a cavity seated at that part of the lung where the vessels enter; it was of considerable size and filled with blood; a large branch of the pulmonary artery was traced to it, and seen to have communication with it by a small opening, the edges of which were thin and ragged. The space between the origin of this artery and its abrupt termination in the excavation, was not so much as the third of an inch. It was interesting to observe that where this artery arose another of equal calibre branched off with it, and prevented the formation of a coagulum, for there was a continual flow of blood through the latter to supply the lung. The manner in which the pulmonary arteries distribute themselves on arriving at the lungs is one particularly unfavourable for the furtherance of the process by which vessels are rendered impervious and obliterated, the branches coming off in quick succession and binary order.

A case very similar to the foregoing has been detailed by Dr. James Johnson in his "Medico-Chirurgical Review," but in this the hemorrhage was not fatal so rapidly, nor was the vessel discovered whence it originated. It is only by reflecting on the fatal consequences sometimes resulting from the effects of ulceration, which has not been preceded by adhesion, that we can duly estimate the importance of the relation which the one of these processes bears to the other. Mr. Hunter, in treating of the use of "adhesive inflammation," forcibly remarks that "it may be looked upon as the effect of wise counsels, the constitution being so formed as to take spontaneously all the precautions necessary for its defence; for in most cases we shall evidently see that it answers wise purposes."

¹ *Lancet*, for Feb. 16, 1839, p. 756.

An important subject of enquiry is to ascertain the circumstances connected with those hemorrhages which result from vessels being involved in the destructive processes of ulceration and sloughing. In the example I have mentioned, the occurrence of hemorrhage was plainly owing to the peculiar distribution of the arteries in the vicinity of which the vomica was placed. The pathology was satisfactorily explained by the anatomy. It is obvious from the description of the appearances, that the artery which gave rise to the bleeding was precisely in the same condition as a vessel to which a ligature is applied immediately below the origin of a large branch; in the same condition, for example, as would be the ulnar artery tied close to the situation where the radial, in company with this vessel, is continued from the brachial.

The resistance which arteries make to ulcerative action is remarkable, and their coats are frequently preserved entire when all other parts around them have been unsparingly removed. The hemorrhage may sometimes be referable to a typhoid state of the system, which allows the sloughing to exercise its ravages unrestrained. This appears to have been the reason of the hemorrhage which ensued in the interesting case recorded lately by Mr. Laidlaw, in the *Lancet*. The disease of his patient was plague; the powers of the system were low and enfeebled; sloughing extended under Poupart's ligament, and such an alarming hemorrhage resulted as eventually demanded that the external iliac should be included in a ligature.

An Account of a Fœtus of Seven Months with its Placenta adherent to the Nævus occupying the Scalp and Dura Mater. By ROBERT LEE, M. D., F. R. S.—The fœtus whose malformation forms the subject of the present memoir was sent to the author by Mr. William Highmore, of Sherborne. Immediately on its arrival in London, a drawing was made of the malformed head, by Mr. Perry, which was presented to the Royal Medical and Chirurgical Society in illustration of the description contained in this paper. The vessels of the fœtus and placenta having been minutely injected, the integuments of the head were divided from ear to ear, and the dura mater was found in immediate contact with the skin, all the bones of the vault of the cranium being wanting. The scalp and dura mater on the upper part of the head were almost wholly occupied by a great plexus of dilated arteries and veins, filled with injection resembling nævus. The brain and its immediate envelopes were healthy. The placenta was united to the forehead by a band three quarters of an inch in breadth, and one and a half inch in length, composed of the amnion and chorion. Into this band the membranes of the brain were protruded through an opening as large as a finger's point. Although the author feels it to be impossible to fix exactly the period when the adhesion of the placenta to the head of the fœtus took place, he thinks it probable that the umbilical cord and band must have been formed about the same time, and at a very early period of the ovum, when the amnion and embryo were in contact, and before the end of the fifth week from the time of conception. The paper concludes with a recital of some of the more remarkable cases which have been recorded of adhesion of the placenta to the head and body of the fœtus.

New Medical Journal.—We have received the prospectus of a new Quarterly Medical Journal to be published in New York. The first number will be issued in July next. It will consist of memoirs, essays, cases, and other communications that are, from time to time, read before the medical societies of New York; of similar articles from other sources; of the minutes of such societies, when of sufficient notice to be made public; and of lectures

and occasional discourses. A portion of the work will be appropriated to bibliographical notices, and to important medical intelligence; and it is affirmed it will remain independent of the medical colleges, and above all party and sectional influence.

We see no reason why such a journal should not succeed in New York. This much, at least, we can say in all sincerity, it has our best wishes for its prosperity.

NECROLOGY.

Dr. E. G. Davis.—Died recently, in this city, at a comparatively early age, Dr. Edward Gardner Davis, son of the late Jonathan Davis, Esq. of Boston. Dr. Davis had practised for some years in Philadelphia, where he had made many sincere friends. His intellectual attainments were considerable, and to him the readers of the first volume of the "Library" were indebted for the translation from the German of Mûhry on the State of Medicine in France, England and Germany. Of mild and unassuming manners, Dr. Davis could not fail to be esteemed by all who knew him, and we may safely affirm, that, whilst he has left behind him numbers who regret his premature loss, there is not perhaps one who entertained an unkind sentiment towards him.

BOOKS RECEIVED.

From the Author.—Outlines of the Institutes of Medicine; founded on the Philosophy of the Human Economy, &c. By Joseph A. Gallup, M. D., &c. &c. 8vo. vol. 2. Boston, 1839. (See Bibliographical Notices.)

From the Author.—De Inflammatione Ossium eorumque Anatome generali, &c. &c. Auctore F. Miescher Med. et Chir. Doct. 4to. Berol. 1836. (See Bibliographical Notices.)

From the Society.—Transactions of the Medical Society of the State of New York. Vol. iv. p. 2. 8vo. Albany, 1839. (See Bibliographical Notices.)

From the Author.—The Dental Art, a practical Treatise on Dental Surgery. By Chapin A. Harris, M. D., Surgeon Dentist. 8vo. pp. 384, plates. Baltimore, 1839.

Report in relation to an Asylum for the Insane Poor. Mr. Konigsmacher, Chairman. Read in the House of Representatives, March 11, 1839. 8vo. pp. 24. Harrisburg, 1839.

From the Author.—The Art of Prolonging Life briefly considered. A lecture delivered before the Athenian Institute, January, 1839. By J. Pancoast, M. D. 8vo. pp. 40. Philadelphia, 1839.

From Dr. Warrington.—Twenty-second Annual Report on the State of the Asylum for the Relief of Persons deprived of the Use of their Reason. 8vo. pp. 24. Philadelphia, 1839.

ART. I.—CASE OF EXTRA-UTERINE FŒTATION.



We have been favoured with the following extract of a letter from Dr. Peyton R. Nelson, of Virginia, to our accomplished friend Dr. Macaulay, of Baltimore, who was so kind as to present us, at the same time, with the specimen, from which the accompanying marginal drawing has been accurately taken. It is a clear case of extra-uterine conception of the ventral or abdominal class. As conception occurs in the ovary, if any thing interferes with the entrance of the impregnated ovum into the fallopian tube on its way to the uterus, it may escape into the cavity of the abdomen, contract adhesions with the peritoneum, and undergo a greater or less development. From the dimensions of the fœtus in question, it probably sustained life until it had arrived at the age of eight or ten weeks, when vitality became extinct, and it acted as an extraneous body, giving rise to inflammation and the phenomena described in Dr. Nelson's letter. It is not so uncommon to meet with cases in which the fœtus is discharged piecemeal through the parietes of the abdomen. We have never seen an instance in which it has passed through in as perfect a state.—*Ed.*

[Extract of a letter from Dr. Peyton R. Nelson, of Gloucester County, Virginia, to Dr. Macaulay, of Baltimore, dated March 27th, 1839.]

"This letter is accompanied with a specimen of extra-uterine fœtation with which we in the country rarely meet, although with you in a populous city it may not be so uncommon an occurrence. The woman from whom it was taken is a negro, about 24 or 25 years old, who had previously borne three children, the last about two years since. I was called to see her in December last, when she complained of a pain in the left side which had existed for some time. Upon examination, I found that region considerably enlarged, but soft and compressible; it was a case in which I could form no indication. From the time of this examination six weeks elapsed when a tumor formed,

about an inch to the left of the umbilicus, which, in a day or two, discharged about twenty or thirty ounces of bloody serum, mixed with pus of various consistence and colour. Fifteen or twenty days after the first discharge, the head of the specimen I send you made its appearance, and was extracted gradually in the course of an hour, the aperture through which it had to pass being very small. I have preserved it as well as I could, but it is notwithstanding a good deal injured, being obliged to carry it fifteen or twenty miles on horseback. It is obviously an organised production. I have read of similar cases, but having never before seen one, you will much oblige an old friend, if you can spare the time, to give him your views of it. The ignorant here cannot be persuaded that it is a human production, but are fully convinced that it is a reptile, and caused by what they call tricking.”

ART. II.—ON THE ENDERMIC METHOD OF APPLYING THE SALTS OF MORPHIA: WITH CASES AND REMARKS,

BY DR. A. T. THOMSON.¹

Cases in which the salts of morphia were used endermically—Local and general effects of the treatment—The mode in which the remedies acted—Best plan of denuding the surface—Advantages attending the introduction of medicines by the skin.

Mary Ann Marshall, aged 19 years, was admitted on the 25th of November, 1837. She had been in the hospital seven months before this time, but had enjoyed good health in the interval. She was attacked with aching and throbbing pain of the fingers of the right hand, extending up the arm, and soon lost all power of volition over the extremity, which now swelled, whilst the pain continued to increase steadily in severity until her admission into the hospital. The tenderness of the arm was so great that she was unable to bear the slightest touch. The tongue was clean, the pulse natural, the bowels were open, and the catamenia regular. For some days various means of relief were attempted, under the idea that the disease was hysteria, but without any advantage being derived. On the 1st of December a moderate sized blister was applied upon the inside of the wrist, and one grain of hydrochlorate of morphia, combined with six grains of refined sugar, in fine powder, was ordered to be sprinkled, night and morning, upon the blistered surface.

Dec. 3. The pain was much abated; and the susceptibility of the skin of the arm lessened.

8. The pain was completely gone; but the face and the upper part of the neck and the shoulders were covered with a small pustular eruption. The inflammation of the face was considerable, and the eyelids œdematous, obstructing the sight. The tongue was furred; the pulse hard, and 120; the skin hot, and the thirst great. The use of the salt of morphia was discontinued; and a mixture consisting of twelve grains of disulphate of quina, half an ounce of sulphate of magnesia, one drachm of diluted sulphuric acid, and eight ounces of infusion of cinchona, ordered to be taken, in doses of two table-spoonfuls, every third hour.

10. The swelling of the face was reduced, and the crusts of many of the pustules were falling off; but the eruption was extending down the back.

15. The eruption had extended to the thighs, but it was now evidently on the decline: there was no return of the affection of the hand and the arm.

¹ *Lancet*, for March 23, 1839, p. 1.

31. She had remained perfectly free from pain since the 8th; the eruption had wholly disappeared. She was discharged cured.

CASE 2.—Jane Lawrence, aged 26, a cook, a single woman, was admitted into the hospital on the 30th of December, 1838. She had been in the hospital three years ago, with acute rheumatism, but since that time she had remained in tolerable health, until three weeks since, when she found that on pressing the cicatrix of a wound, on the fore part of the left hand, which had been inflicted by the breaking of an earthen vessel, a peculiar suffocating sensation was experienced in the gullet, and a crowing sound elicited. These symptoms were augmented by taking food, and on the least exertion. Her appetite was nearly gone; the tongue was thickly furred; the pulse full, strong, hard, and 108; the skin hot and dry, but the bowels were open. She was ordered to be cupped between the scapulæ; to take immediately afterwards a pill containing six grains of calomel, and to follow it up with a brisk black dose. After the bowels were freely opened, she was directed to take a pill containing half a grain of nitrate of silver, and two grains of extract of conium, every sixth hour; with one drachm of valerian in powder.

Jan. 6. No improvement of the symptoms was obtained, although the nitrate of silver had been increased to two grains; but the tongue was cleaner. The pressure on the finger excited much pain, and the spasmodic affection of the gullet and the glottis was increased. A blister was ordered to be applied on the wrist, and a grain and a half of hydrochlorate of morphia, with six grains of refined sugar, to be sprinkled on the denuded surface, night and morning, daily. The internal medicines were ordered to be continued.

13. Squeezing the finger no longer caused the spasmodic action; the tongue was clean, the pulse reduced to 84, and the temperature of the skin was natural.

22. There had been no return of the spasmodic action, except for two days, after lifting a heavy weight, when it was found that the pain and the spasm were induced by pressure on the upper part of the spine, as well as on the finger. The blister on the wrist was directed to be healed, and another opened over that part of the spine where pressure induced the spasm. The blistered surface was ordered to be sprinkled, night and morning, with a grain and a half of acetate of morphia, and seven grains of sugar. She complained of great weakness, for the relief of which she took a moderate dose of sulphate of iron, in combination with extract of gentian.

30. The spasmodic affection was gone; but pressure on the dorsal spine, and strong pressure in the course of the median nerve caused a peculiar expression of anxiety on the countenance, although neither the sensation of suffocation nor the crowing noise were produced. The pustular eruption had appeared on the back and shoulders. The use of the acetate of morphia was ordered to be discontinued.

Feb. 2. She was discharged cured.

CASE 3.—Mary Thomas, aged 17, was admitted July 25, 1838. She complained of pain in the ankle, accompanied with a sensation of heat and soreness, resembling, to use her own language, the action of a blister. It was increased on standing; and the foot was turned inwards, owing to the pain. The general health was apparently good. She was ordered to apply a blister on the pained part; and to sprinkle the denuded surface with two grains of hydrochlorate of morphia, mixed with six grains of refined sugar, night and morning.

July 24. The pain was much relieved, but not gone.

August 5. The pain was considerably relieved.

7. The pain was gone, and the foot returned to its natural position; an eruption appeared this morning, and extended over the face, shoulders, and chest.

13. The eruption has disappeared, and the pain has not returned.

17. She was discharged cured.

These three cases (said Dr. Thomson, in his lecture) showed the effects of the endermic employment of the salts of morphia in local painful disease. The next two cases would illustrate their general influence.

CASE 4.—Hannah Barber, aged 40, was transmitted from Mr. Liston's care to that of Dr. Thomson. She had been under the management of Mr. Liston for ulceration of the larynx, and had been treated with the local application of the nitrate of silver and blisters. She complained of cough, which caused muco-purulent expectoration, and likewise of night sweats. The pulse was small and quick; the tongue moist and clean; the bowels open; and the catamenia, until the last period, when she passed over a fortnight, were regular. On examining the chest percussion was extensively dull on the left side; the respiration was sonorous, with mucous and sub-mucous râles, and bronchophony. The impulse of the heart was sensible over a great extent of the chest. She was bled to twelve ounces, purged, and a mixture, with the compound powder of ipecacuanha, ordered to be taken once in four hours. A blister was applied between the scapulæ, and sprinkled with a grain and a half of acetate of morphia, night and morning, daily.

Dec. 22. She was much relieved, until last night, when, the blister having dried up, the dyspnœa returned, and the night sweat was very copious. The blister was again opened, and the salt of morphia used as before. The internal medicine was discontinued. The improvement was progressive until the 9th of February, when she caught cold, and the cough returned. It was discovered that she had discontinued the use of the salt of morphia since the 8th instant, as she complained that it caused headach and vertigo.

Its employment was resumed, and she was ordered to take an emetic once a week.

23. She had been better in every respect, but she complained of sore throat and pain in the act of deglutition. The right tonsil was enlarged and slightly inflamed; the cough had also returned. The emetics were ordered to be discontinued, and the use of the morphia to be resumed. The improvement soon again became obvious.

Jan. 14. The cough and dyspnœa were completely gone; she had no night sweats. The pustular eruption had appeared on the trunk of the body generally, and was rapidly extending upwards and downwards.

16. Feels better than she has felt for years.

20. She was discharged cured.

CASE 5.—Charlotte Lott, aged 36, was admitted June 26, 1838, a single woman, a servant. About nine weeks ago she was seized with a violent pain of the right side, which felt, also, very tender on pressure,—symptoms which she ascribed to cold. She was bled twice, and blistered, by the medical attendant of the family, but without any decided benefit. A fortnight afterwards, a cough supervened, which greatly augmented the pain in the side; it has gradually become worse; it now recurs in frequent and violent paroxysms, attended with severe dyspnœa on lying on either side. She has tenderness on the right side of the chest, with dulness on percussion. The expectoration is muco-purulent, and the night sweats are copious; the pulse is small, and compressible; the bowels are regular, and the appetite is good. The catamenia have ceased since the commencement of the attack.

27. A blister was applied on the pained side, and the denuded surface sprinkled with a grain and a half of hydrochlorate of morphia, and six grains of refined sugar, night and morning.

July 4. The sputa were diminished in quantity, and the cough was much less.

13. The cough and perspiration were much abated, the sputa less purulent.

27. Still improving. Let her take an emetic once a week.

Aug. 7. The cough is not worse, but it is still severe. Another blister was applied to the side, and the same quantity of hydrochlorate of morphia used.

10. She was greatly better in every respect. She was not well. She

was discharged at her own request, as she wished to try the effect of country air.

In lecturing on these cases, Dr. Thomson said that the pupils had had many opportunities of observing the plan which he had pursued in these cases,—and which he had extensively employed in private practice. He was anxious to offer a few remarks upon the subject, and to explain the manner in which he conceived narcotics operated, when they were thus administered. If we reflect (said he) how long a period has elapsed since medicinal agents had been applied to, or rubbed upon, the entire skin, and how much benefit had been derived from counter-irritants, it was remarkable that no advantage had been taken of the skin, as an inlet to medicinal substances capable of acting generally upon the system, until the year 1823. MM. Lambert and Lessieur, at that time, suggested what was termed the endermic method. They had some followers among continental practitioners, but few in this country had ventured to administer medicines in this way; and it was not too broad an assertion to affirm that it had been most unjustifiably neglected. Since he, Dr. T., had had the honour of being one of the physicians of the University College Hospital, he had lost no opportunity of essaying the value of the endermic method, and he had seen such advantages derived from it, that he was most anxious to recommend it to the members of the profession, as well as to the pupils of the hospital.

He was fully aware that, in clinical instruction, hypotheses should be avoided; but, at the same time, the explanation of the manner in which remedial agents influenced the habit, if founded upon correct physiological principles, could not fail to be acceptable. His theory of the *modus operandi* of narcotics, when applied to the skin, previously deprived of its epidermis, was based upon that foundation; he did not claim for it more than its legitimate value. But, before explaining his opinions, he would mention a few circumstances relative to the best method of denuding the surface, and preparing the skin to aid the influence of the narcotics which might be applied to it.

The most common method of raising the cuticle was the application of a blister; and since the introduction of the acetum cantharidis, we possessed a very rapid and efficient means of blistering. This might be also rapidly effected by means of a compound of four parts of lard rubbed up with six of *strong* liquid ammonia. The best mode of removing the cuticle was to apply over the blister an emollient poultice; the whole of the raised cuticle was, by this means, taken off, without that suffering, to nervous and irritable patients, which the ordinary method induced. The salts of morphia, when these were the narcotics employed, tended, in some degree, to promote the suppurative process on the denuded surface, and, consequently, to prevent it from cicatrising. Opium, henbane, and belladonna, operated in the same manner; but he had found that the influence of all of them, in that respect, was greatly augmented by the addition of a small quantity of refined sugar. It was not necessary to apply a large blister; on the contrary, as the quantity of a narcotic to be applied was small, the denuded surface needed not to be greater than it could cover.

The full dose of the narcotic should not be applied at first, the irritant influence of some narcotics being so great as to cause inflammation in the part, and thence to check absorption. It should be gradually augmented as the habit got accustomed to it; and when the desired effect had been produced, the dose should be as gradually diminished. With respect to the part of the skin to which the narcotic was to be applied: when the local influence only was required, the blistered surface should be that directly over the seat of the pain; when the general effect was to be produced, it should be as near to the head as possible. One advantage of the endermic method over the internal administration of powerful narcotics was, that of obtaining the full influence of the narcotic without any chemical change being produced upon it, such as must, necessarily, often occur when it was taken

into the stomach: another was, that the digestive function was left undisturbed: and a third was, the power which we possessed of restraining the too great activity of the narcotic by the application of an exhausted cupping-glass over the part to which it had been applied. For, although this would produce no advantage if the whole of the narcotic was already taken into the system, yet, if the hurtful influence of it was displayed when it had been only partially absorbed, the cupping-glass effectually checked its farther absorption.

Besides narcotics, he had advantageously administered other remedies by the endermic method; namely, strychnia, extract of colchicum, and iodide of iron; but he should confine his present remarks to the salts of morphia. In the greatest number of cases the hydrochlorate was employed; but, when an anodyne influence was especially desired, the acetate operated better, more efficiently in allaying pain, and in a shorter period of time than the hydrochlorate, probably owing to its deliquescent property. When the salts of morphia are applied to a denuded surface, they excite a burning heat in the part, a fact which might, *a priori*, be expected, as all stimuli cause sensation in nerves, whether entire or mutilated, so long as the irritated portions maintain their connection with the brain or the spinal chord. In this case, the chemical irritant property of the salt acts on the excitability of the nerves, and causes pain; but, after a short time, the effect thus produced ceases, and the sensibility of the nerves is deadened. Some change, although not an obvious one, is produced in the material composition of the nerves; a loss of susceptibility of impression is the consequence, and neuralgic pains are thus lessened, or they wholly disappear. Now, were narcotics administered internally in doses sufficient to produce such effects, they would give rise to the same injurious consequences as result from morbid or excessive stimuli, and they would tend to annihilate the vital force; whereas, when endermically used, much of their influence is exhausted in their local action on the affected nerves. That such a local action exists there, could be no doubt; for, independent of the experiments of Humboldt, Müller, Wilson, Phillip, Brodie, and others, which had demonstrated the local influence of narcotics on the nerves, we cannot ascribe to any general action, nor to absorption, either the influence of belladonna upon the iris, when it is applied to the eyelids, or that of carbonate of lead upon the wrists of those who work in lead. In these cases, although the narcotic reaches the nerves of the iris and those of the wrists by imbibition, yet it is evidently a local influence which is exerted, for the pupil of the other eye remains unaffected, and although the wrists are paralysed, the power of volition over the nerves continues. Were any other proof requisite, he had only to mention the experiment of Müller. He dissected out the ischiatic nerve in toads, and left the leg connected to the body only by that nerve. He next immersed the leg and nerve in a strong watery solution of opium; both were paralysed; no contractions of the muscles could be excited by the galvanic, nor by any chemical stimulus. In another experiment, he immersed the bared nerve only in the solution of opium, after which the galvanic or a mechanical stimulus excited no contractions in the muscles, when applied to the upper part of the nerve, but convulsions were produced when the nerves were excited from below,—a fact clearly demonstrative of the local influence of the narcotic. It is still further probable that in every instance where there is a general action of the narcotic, this is a dependant upon its absorption; or, in other words, that it operates through the medium of the blood, whether the narcotic be taken into the stomach, or applied to a denuded surface. It might be supposed, however, that, in that case, the influence of the narcotic in the part was propagated through the nerves; but the experiments of Fontana and Wernschedt were sufficient to prove the incorrectness of that opinion. In the experiments of the latter, when the *nervus vagus* was divided on both sides, opium, introduced into the stomach, produced its influence upon the habit as readily as when these nerves were entire; and this

result was confirmed by the experiments of Brodie, Emmert, Delille, Wedemeyer, and Viridet.

These facts were sufficient to demonstrate that narcotics endermically administered acted both locally and generally; and from experiments which he, Dr. T., had made, he had no hesitation in affirming, that when salts of morphia were applied to a blistered, or otherwise denuded surface, the narcotic might either exhaust itself locally, or it might be taken into the circulation, and operate upon the cerebro-spinal centres as rapidly as when it was introduced into the stomach. The time required for the imbibition of a narcotic thus applied, in order to reach the capillaries, and to enter the circulation, was stated by Müller, in his "Elements of Physiology," to be less than a second; and as the blood circulated through the whole body in half a minute, if Herring's calculation was correct; or from one to two minutes, according to others, it was not assuming too much to suppose that a narcotic placed in contact with a part freed from epidermis, might be distributed through the circulating system in a space of time between half a minute and two minutes. In some of the instances in which finely-powdered hydrochlorate of morphia was sprinkled over a blistered surface, the influence of the narcotic was felt in the head in less than a minute. He might here enumerate the symptoms which indicated the general influence of the narcotic, thus applied, upon the cerebro-spinal centres; but he preferred leaving these to the details of the cases, illustrative of the practice which he had selected to lay before the students. He might, however, mention, that when the nerves were topically affected, as in neuralgia, the general symptoms scarcely ever displayed themselves.

Such was the physiological action of narcotics applied to the denuded surface of the body, which had hitherto been recorded; but there was another action produced by at least one of these, namely, hydrochlorate of morphia, which had not, to his knowledge, been previously observed, and to which much of the advantages derived from its application, in a therapeutical point of view, was to be attributed. He referred to the production of a papular eruption, terminating in pustules, which spread from the immediate vicinity of the part in which the hydrochlorate was applied, all over the body; and it was more or less attended with œdema. In some instances the swelling, when the blistered surface was in the vicinity of the head, had been so considerable as to close the eyes, in a manner similar to that which occurs in erysipelas of the head. It had also been attended with some degree of fever; and in a few instances delirium had displayed itself when the eruption had reached its acme. It seemed to operate as a most powerful and efficient counter-irritant, without, apparently, interfering with the narcotic influence of the hydrochlorate. The eruption was a pustular one, and he had observed that the relief was most obvious as soon as the pustules were fairly formed; indeed, so striking had been the beneficial influence of this eruption, that he was inclined to accord with the remark of Dr. Jenner, that "every pimple with a vesiculated head had an errand to perform for the benefit of the constitution."

He had selected the preceding cases from a great number. The first three were intended to illustrate the local influence of the endermic application of the salts of morphia; the other two, their general influence. His object in bringing forward these cases was, to direct attention to the endermic practice, which promised many advantages; and which only required to be investigated to gain the support of British practitioners.

Philadelphia Hospital (Blockley).—Dr. R. M. Huston has been appointed one of the physicians to this institution, in the place of Dr. Brinckle resigned.

ART. III.—CASE OF STOMACACE.

BY A. WILLARD, M. D., OF GREENE, CHENANGO COUNTY, N. Y.

[From the title we have given to Dr. Willard's communication, he will discover, that we class the interesting case, which he has detailed, under the affection described by Richter, although, in reality, all those he has mentioned are congenerous affections, and have received the various names of *Stomacace*, *Cancer Aquaticus*, *Noma*, *Cancrum Oris*, *Cancer Scorbuticus*, *Pseudo-cancer*, *Noma*, *Ulcus Noma*, *Labrisulcium*, *Cheilocace*, *Ulocace*, *Scorbutus Oris*, *Gangræna Scorbutica*, *Anthrax Gangrenosus*, *Aphtha Serpentes*, *Cheilomalacia*, *Stomatonoma*, *Stomatonecrosis*, *Stomatomalacia putrida Wigand*, &c. The case of our correspondent differs but slightly, if at all, from many of the cases of stomacace which prevail epidemically, at times, in the Children's Asylum of the Philadelphia Hospital. His treatment appears to have been most judicious. The whole reliance of the practitioner has to be reposed on the internal use of tonics and stimulants, and of antiseptic and cauterising agents externally. The great desideratum is to induce, as speedily as possible, a new action in the living parts situate beneath the sphacelus, and to support the general system so as to enable this new action to be exerted with full effect.—*Ed.*]

Sunday Morning, Oct. 25, 1835, was desired to see Thomas Lansing, aged 16. He has been heretofore remarkably healthy, although his constitution has not seemed to be quite so firm and hardy as that of others of the same family—a family noted for uninterrupted health, and uncommon vigour and firmness of constitution. The patient complained of a degree of soreness and tenderness about the two middle incisors of the upper jaw, but said there was no pain of consequence; his face was much swollen; his upper lip was very tumid and hard; the gums were tumid, had a flabby appearance and feel, and were of a pale reddish colour; breath extremely fetid; skin very hot, feeling to the touch as if it had been heated by the fire. Pulse full, but having a soft, compressible, and sort of wavy feel; no pain in any part of the body, excepting the very slight pain in the jaw; appetite but little; bowels costive. There was an ash-coloured spot over the two middle upper incisors, extending from the dental edge of the gum to its junction with the lip, about a quarter of an inch in width, and seeming to extend through the jaw. This ash-coloured spot was a little wider, on the inner side of the jaw, and extended backwards along the junction of the bones, nearly an inch into the roof of the mouth: the two front incisors were somewhat loose. He was taken four days since with slight soreness and pain about the upper front teeth, but has not yet been so unwell as to be confined to the house, although he complains of a degree of languor and lassitude, and an inaptitude for any exertion. But he had notwithstanding ridden fourteen miles the day before I saw him. His health previous to this attack had been good as usual.

Prescribed a cathartic, acidulated drinks, and a very strong solution of perchloride of mercury as a lotion for the gangrened part.

26. Symptoms same as yesterday—cathartic has not operated—repeat cathartic.

27. Cathartic has operated freely; evacuations natural in appearance. Heat of body somewhat less; pulse not quite so full, but still soft and compressible; face swollen as before; gangrene extending; fetor of the part intolerable. Prescribed solution of chloride of soda to diminish the fetor; cauterised the gangrened and adjacent parts freely with sulph. cup. and

directed a strong lotion of the same to be used freely; acidulated drinks continued.

28th and 29th. Disease gradually progressing, and on the 30th the gangrene is seen penetrating the outer surface of the upper lip, which appears more swollen, the parts adjacent to the gangrene have a paler and more flabby appearance; pulse reduced and soft. Prescribed sulph. quinine; continue the cauterisation and lotion of sulph. cup.—apply a blister over the upper lip.

31st. Symptoms all worse; gangrene extending in the lip and jaw, although the blister has drawn well.

Prescription.—Sulph. morph. and quinine in full doses; muriatic acid freely; diseased part circumscribed by a free cauterisation with nitrate of silver.

November 1. The gangrene has been making fearful ravages since the last day, although the remedies have been pushed to all reasonable extent. To day some petechiæ have made their appearance on the breast.

Prescription.—Creosote, one drop every four hours; it was also used as a lotion diligently. This remedy could not be procured sooner. Continue the other agents.

4. Some slight mitigation of the general symptoms. Nature seemed making a struggle for the victory; but although there appears to be an effort at one point to separate the dead part from the living, in others, the gangrene is still advancing, and has attacked the septum and alæ of the nose. The gangrened parts of the nose and surface of the lips are dry, hard, and black.

5 and 6. Gangrene increasing; petechiæ more profuse, and to be seen in various places over the body and extremities. System sinking rapidly. Died on the morning of the 7th.

During the progress of the disease, the patient was able to walk about his room till two days previous to his death; and during almost its whole course he retained the perfect use of his senses. The ravages of the disease were indeed horrible—the four front teeth fell out, or were picked out by the patient himself—two thirds of the upper lip, the septum nasi, part of the alæ nasi, at least one third of the roof of the mouth, including bones as well soft parts, were completely destroyed, so that his recovery, with the terrible disfiguration which must necessarily have been the result, was hardly to have been even hoped for.

I am induced to report this case, inasmuch as it seems to me to be entirely different from any case of gangrene I have seen described in any book, or can in any way hear of. I know that there are to be found on the pages of some of the medical journals, summary papers in relation to gangrene, but most of those I have read describe a disease which differs in many essential particulars from the one I have described. Dr. Jackson, of Northumberland, Pa., has described an affection which he calls *gangrænopsis*, or gangrenous erosion of the cheek. It differs, however, from this in the following, among other, particulars. It always commenced in the cheek, and thence spread (in the fatal cases) so as to destroy the gums and the bones of the face.

It seemed to extend by a sort of sloughing process, the mortified part falling off and leaving a gangrened surface, and it occurred in every instance in children of five years and under, and who had been reduced by previous disease. The disease I have described attacked an older and healthy person—it commenced to all appearance either in the periosteum, lining the sockets of the teeth, or in the alveolar process itself; it seemed to extend itself by converting the adjacent parts to its own form without sloughing, and without forming at any time a distinct line of demarcation. The disease described by Dr. J. bears some analogy to hospital gangrene—this shows some resemblance to dry gangrene. There is a disease described by many writers in the periodicals, and among others by Drs. Coates and

Anderson, of Philadelphia, under the name of canker, or gangrene of the mouth, which seems to be the same as that described by Dr. Jackson. Dr. Parr speaks of it in his Medical Dictionary, and Underwood and Burns in their treatises on the diseases of children. But none of these have described a simple mortification, but rather a sloughing or phagedenic ulcer.

In No. 22 of the North American Medical and Surgical Journal, is a review of Richter's and Heuter's works on gangrene of the mouths of children, or as it is called by them aqueous cancer. In this review a whole shoal of learned Germans are mentioned, who have written on the disease in question. Dr. Richter considers it to be, in fact, a variety of what has been termed stomaceæ, which seems to be no other than a species of scurvy, in which extensive spreading and sloughing ulcers occur. He describes one variety of the disease which appears under a different form, and makes a very near approximation to the case I have attempted to describe. This, he says, commences in the lips or their immediate neighbourhood—the parts swell to an enormous size, and become hard; the skin becomes shining and smooth, its temperature is increased, and it has a slight degree of redness; a grayish spot makes its appearance, which soon becomes black, and in the space of six days spreads so extensively as to destroy life. Is this the same disease, identical with the case I have described? and if so, is it a legitimate variety of gangrenous erosion?—and again, what is to be done to effect a cure?

A. WILLARD.

Greene, Chenango Co., N. Y., April 3, 1839.

BIBLIOGRAPHICAL NOTICES.

*Dr. Pancoast's Lecture on the Art of prolonging Life.*¹

This lecture, as the title imports, was not destined for the medical profession. It was addressed to general hearers in the hall of the Athenian Institute, a new and flourishing literary society in this city. Dr. Pancoast has placed before the laity much interesting matter, calculated to afford them useful information on topics which come home to the interests of every one.

*Report of the Insane Asylum near Frankford.*²

The present annual report is as favourable to the administration, medical and general, of the asylum as its predecessors. We have recently had an opportunity of visiting the institution, and are enabled to speak in the strongest terms of its advantages. Full justice is done to the cases of the unfortunate patients who are its inmates.

We extract from the report of the physicians the following judicious observations:—

“Throughout the past year, we have pursued the same course of mild treatment, combining medical and moral means, which has heretofore been

¹ The Art of Prolonging Life briefly considered. A lecture delivered before the Athenian Institute, Jan. 1839. By J. Pancoast, M. D. 8vo. pp. 40. Philadelphia, 1839.

² Twenty-second Report on the State of the Asylum for the Relief of Persons Deprived of their Reason. Published by direction of the contributors, third month, 1839. 8vo. pp. 24. Philadelphia, 1839.

found most conducive to the restoration of the health of the patients under our care. Personal restraint is rarely found requisite, except in some cases, while the patient is suffering under the acute stage of the disorder, when it is necessarily resorted to, until the violent symptoms are subdued.

"In the report of last year, the manner in which the patients are occupied, and the various arrangements for their employment and amusement, were narrated in detail, and it is now only necessary for us to say, that the same system is still pursued on both sides of the house with the same gratifying results. In addition to the other sources of recreation heretofore provided, there has been, within the past year, a library opened, in a house recently erected at the lower end of the garden, and furnished with books, maps, drawings, specimens of natural history, &c., which, to judge from the experience already had, bids fair to be of signal advantage to the institution. Here, such patients as are considered well enough to enjoy the privilege, are allowed to resort at suitable times, and it is gratifying to observe how much they enjoy themselves, while reading, writing, drawing, &c., withdrawn from the interruption of the other inmates of the house.

"The more the sources of amusement and employment are multiplied, the more readily are we enabled to meet the peculiarities of every case placed under our care, and consequently the more likely to conduct them to a successful issue. Exercise, when judiciously regulated, is in most cases found highly beneficial, after the acute stage of the disease has subsided. We are therefore careful to promote its use, and gladly avail ourselves of every occupation or diversion which, by holding out inducements to the patients to engage in them, secures to them this powerful auxiliary to convalescence. Great difficulty, however, is experienced in finding any employment for many of that class of our male patients who have never been accustomed to engage in any thing requiring active exertion or labour. Being unwilling to perform the kind of work which many others of the patients engage in, unfit to occupy much of their time in reading, and not disposed to enter into the ordinary amusements, a large portion of the day is too often spent by them either in discontented murmuring or listless inactivity. Such of this class as have a taste for flowers, may, in the proper season, be occasionally induced to engage in horticulture; but it is during the winter months that the greatest difficulty is found in providing occupation for them.

"In most cases there is no stage of insanity which demands more assiduous care and watchfulness than when the brain begins to free itself from the diseased action under which it has been suffering, and is returning to the healthy performance of its functions. The application of moral treatment, so as to promote the advance of convalescence after disease has been arrested and improvement commenced, requires no little tact and discrimination. To detect the first glimmerings of returning reason, to lead the mind from the contemplation of its delusions, to restrain the excesses of perverted imagination, and cherish the revival of the moral feelings, call for more discretion and judgment than is often to be met with in those who are commonly employed to attend upon the insane. Hence it is of the greatest importance that the physician should have some one under his direction who can understand and apply the course of moral treatment which he wishes to be pursued, and with whom he can safely entrust its conduct when he is necessarily otherwise engaged. In this respect we are perhaps quite as well provided as other similar institutions. It would however be a cause of gratulation to every one anxious to promote the welfare of this afflicted portion of our fellow creatures, if persons of better education than those who are usually employed as caretakers, would qualify themselves for the station, and by receiving a liberal remuneration, be induced to devote their lives to the attendance upon the insane.

"The experience of every year adds its weight to the importance of the advice which we have so often repeated, that persons afflicted with insanity should be placed under treatment in some proper institution, upon the

development of its very first symptoms. The difficulty of cure increases in an immense ratio with the time allowed to elapse after the disease has commenced, and too often irremediable injury is sustained before any well-directed effort is made to arrest the disorder. We would, therefore, once more urge upon those with whom the responsibility may rest, the necessity of resorting to some institution prepared for the treatment of the insane, for the restoration of the unhappy object of their care and solicitude, upon the first disclosure of the approach of mental alienation."—p. 16.

*Harris's Dental Surgery.*¹

The object of Dr. Harris in writing the work before us was to promulgate the information, which he had obtained by an extensive experience, on mechanical dentistry more especially. We can recommend the work to the perusal of the members of the profession as capable of instructing them in the means and appliances employed in a part of the art of surgery to which they are in the habit of devoting but little attention, and on which they are, consequently, slightly informed.

The volume is illustrated with three lithographs, representing the mode of mounting and attaching artificial teeth.

*Dr. J. B. Beck's Valedictory Address.*²

Like every thing that proceeds from Dr. J. B. Beck, the present address exhibits much excellent discrimination. Its main object is to inculcate the necessity of mental discipline in the pursuit of medical excellence.

We extract the following remarks, respecting the truth of which there *ought* not to be one dissenting voice; neither would there be, were they, who give utterance to the sentiments animadverted upon, themselves imbued with true learning. Such sentiments are, indeed, commonly the emanations of a vain, meager, and uninstructed mind, incapable, from natural incompetency or habits of indolence, of attaining, the all-essential information which it deprecates:—

"Not merely, however, ought the student who aims at distinction, to have his mind properly disciplined by general studies; but he ought to aspire to the character of a man of learning in his profession. By this I do not mean that he should be well versed in the mere elements of his profession. This may be accomplished without much difficulty, simply by the study of a few text-books, intended to save the student the labour of thought and enquiry. Important as this kind of knowledge undoubtedly is, it is not worthy of the dignified name of learning. When I speak of learning as applied to medicine, I mean, that a man should be extensively read in the best authors who have written on the various departments of his profession. He should not confine himself to the writers of one age, or one country, or one language. In a word, he should have ranged over the whole field of professional knowledge, as he finds it embodied in the recorded labours and researches, not merely of the present, but of past generations. It is only in this way that he can justly hope to attain to the title of true learning. In pursuing

¹ *The Dental Art, a Practical Treatise on Dental Surgery.* By Chapin A. Harris, M. D., Surgeon Dentist, (with a motto.) 8vo. pp. 384. Baltimore, 1839.

² *Valedictory Address to the Students of Medicine in the College of Physicians and Surgeons of the University of the State of New York.* Delivered Feb. 28, 1839, by John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence in the University of the State of New York. 8vo. pp. 24. New York, 1839.

this course it is not necessary that every book should be read, or that all books should be read with equal care. Lord Bacon says, 'some books are to be tasted, others to be swallowed, and some to be chewed and digested; that is, some books are to be read only in parts; others to be read, but not curiously; and some few to be read wholly, and with diligence and attention.' No rule is deeper laid in common sense than this. Whoever has run over, with an attentive eye and a discriminating judgment, any portion of professional literature, cannot but be forcibly impressed with the fact, that a large proportion of writers are the mere copyists of those who have preceded them. In a thousand different shapes and ways the same materials are wrought up, to suit the existing ideas of the day, without the addition of a single new idea. It is only now and then, and at immense intervals, too, that a work of profound and original merit bursts upon the view. Now, the practised student and the man of disciplined understanding will, almost at a glance, be able to seize upon the true value of a book, and extract from it what may be essentially useful. In this way a labour, apparently endless and hopeless, comes within the reach of ordinary industry and capacity.

"You will doubtless meet with many, even in our own profession, who will endeavour to persuade you that learning is of no great importance; you will be told that it may be an accomplishment, but nothing more; that some of the best practitioners never read. Such notions as these are exceedingly prevalent, and unfortunately exercise an influence most extensive and fatal. They cannot, therefore, be too early counteracted. With regard to the objection, so startling at first, that good practitioners never read, I need not stop to tell *you* how mistaken such an opinion is. If the origin of it be traced, it will be found to proceed from men who wish to use it as an excuse for their indolence, or a cloak for their ignorance. You might as well say that a man may be a good practitioner who never thinks. Learning supplies the materials for thought, and the one is just as necessary to make even the good practitioner as the other. If you enlarge your views of the physician and consider him not merely as the practitioner, but as aiming at the extension and improvement of medical science, the importance of learning becomes still more apparent. It is only in this way that he can become acquainted with what has been actually done by those who have gone before him, and unless he possesses this kind of knowledge, he will continually be placed in the unenviable light of promulgating discoveries which have been made centuries before. Time and labour will thus be wasted in vain. But it is not merely knowledge that he will thus acquire. As he peruses the writings of the great masters who have advanced our science, he will make an acquisition still more valuable. He will become familiarised with their modes of thinking, and with the modes in which they investigated and ultimately arrived at the discovery of truth, and this is the capital advantage of studying the great and original authors in our profession. A summary of what these men wrote or discovered may easily be obtained from a common dictionary or encyclopedia, but this is not what you want merely. You want to study the mind and genius of the men, as displayed in the investigation and exhibition of truth. You want to do what the artist *does*, when he travels to foreign lands to study the great models of sculpture and architecture, in the hope that he may catch some of the spirit and genius of their authors. What I would then urge is, that you should not be content merely with the results of learning, as recorded in text-books, but aspire to become familiar with the modes in which great minds attained to these results. In doing this, do not confine yourselves to the moderns. Improved as medicine is at the present day, you will nevertheless find in the older writers much to reward all the labour which you may expend upon them. You will find unrivalled descriptions, extensive observations, and ingenious reasonings. Even from their errors you may extract much profit. You will find what the causes were, why men of such acute genius so frequently erred, and *how* their errors have been corrected by the introduction of a subsequent

and sounder philosophy. Every student, then, who aims at future pre-eminence, ought to make up his mind to go through an elaborate course of reading and study of the great masters of our art. The only way to accomplish this is to begin early. Youth is susceptible of impression and improvement, and it is then that the mind can receive its bias from study. Nor should the moral influence of such a course be overlooked. In taking up the writings of an author who has stood the test of time, and whose renown has only been augmented by the lapse of years, the student feels as if he were on hallowed ground, and his mind must inevitably become elevated and improved."—p. 16.

MISCELLANEOUS NOTICES.

Observations on the Nature and Treatment of Nævus. By FREDERICK TYRREL, Surgeon to St. Thomas's Hospital, and to the London Ophthalmic Hospital.¹ Royal Medico-Chirurgical Society, Tuesday, March 12th, 1839.—The author begins by observing, as the result of much experience in the treatment of this disease in the last few years, that, of the many plans of treatment which have been suggested by their inventors, none are exclusively applicable to every form of the disease. His object, therefore, in his present communication, is rather to point out the description of case to which each method is adapted, and to indicate the rationale of its action, than to offer any new plan of his own. With this view he considers—1st. The nature of the disease. 2d. Its varieties, pointing out the seat, the position, the progress and consequences of each form, if allowed to run its course. 3d. The different modes of treatment in present use; and, 4th. The proper application of these means. When the disease is purely cutaneous, not extending at all to the subjacent cellular texture, he recommends the forming a belt around its margin on the sound skin, by means of concentrated nitric acid, and afterwards imbuing the surface of the growth with the same liquid: at once, if small; but if of great extent, by repeated applications made to a small portion at a time. The author holds, however, that the use of escharotic applications should be confined to those cases which are purely cutaneous, since in those which extend more deeply, the agency of the acid stops short of the deeper-seated parts of the tumour, and, consequently, when the superficial part separates by the ulcerative process, hemorrhage may be expected to ensue. For the destruction of the subcutaneous form, as well as that of a mixed character, he recommends the injection into their substance of stimulating fluids; but he points out a very important preliminary step which, in his opinion, will prevent those accidents that have sometimes attended the too wide diffusion of the injected fluid; viz., suppuration and unsightly puckering of the skin after the cure. This plan consists in cautiously injecting a small portion of a saturated solution of alum into the surrounding cellular tissue, before any thing is done to the nævus itself, with the view of producing its consolidation, and thus preventing the extension of the disease by the excitement to be afterwards induced in the tumour by the injection of the stimulating liquid into its own substance, as well as the undue diffusion of the fluid. Cases are detailed of the successful employment of this practice. The author speaks highly of the ligature, as a means of relieving a great variety of forms of nævus, but expresses his fear that setons passed through the substance of the tumours may be productive of hemorrhage which, in young and delicate subjects, would be dangerous.

¹ *Lancet*, March 23, 1839, p. 25.

Sir R. Brodie had treated small subcutaneous *nævi*, in situations where it was advisable to avoid the scars which would follow the use of the ligature or the knife, in the following way:—He melted some nitrate of silver in a platinum spoon, and dipped into it the blunt points of two or three probes, which, being withdrawn in the space of a few seconds, were found to be coated with the caustic; he then made one, two, or three punctures, according to circumstances, in the *nævus*, by means of a small instrument resembling a lancet, and into these punctures he inserted the armed probes, and allowed them to remain for a minute or two, until the nitrate became decomposed by acting on the structure of the *nævus*; he had a little oil in readiness in order to counteract the too violent effect of the caustic. In this way inflammation was set up, and the tumour became consolidated. In general one operation was sufficient to effect a cure, in other instances the proceeding required to be repeated twice, or more frequently, the pain attending which was very slight. In the case of a child who had a large *nævus* extending over the greater part of the face, and in which a variety of means had been resorted to, the application of nitric acid among the rest, he had pursued the above plan in a part of the tumour; in the other portion he had broken up the net-work of vessels, by adopting the proceeding recommended by Dr. M. Hall. A perfect cure ensued, although an ugly scar remained on the part to which the nitric acid had been applied. He had also treated successfully, by this mode, a case of an ugly subcutaneous cellular *nævus* situate at the extremity of the nose. He punctured it in several parts, and then introduced the probes. Some slight puckering of the skin where the caustic had been inserted were the only marks which remained. Whilst speaking on this subject, he might also allude to another kind of marks very commonly found upon the face, and consisting of little stellated patches of blood-vessels. Generally speaking these went away when left alone, but persons in high life frequently complained of them as blemishes, and requested means to be adopted for their removal. When looking at these spots through a glass it was easy to discover one or two larger vessels entering into and supplying the net-work, which spread out like the web of a spider. Having found the supplying vessel or vessels, he placed on them the end of a small probe, and if he found that the red spot entirely disappeared, he proceeded thus: he divided the vessel by a minute puncture, and then destroyed it by inserting a piece of caustic potash, scraped to a very fine point; he then introduced a small quantity of vinegar, in order to prevent the caustic extending its influence beyond a certain limit.

Mr. Cæsar Hawkins, in allusion to the use of steel needles as recommended by the author of the paper, in the treatment of *nævi* by ligature, suggested that the old silver needles would not require the nipping off of their ends, and would not, therefore, be so likely to produce irritation. *Nævi* generally consisted of a mixture of arteries and veins; occasionally, however, they were entirely venous. He had seen a congenital case of this kind, in which the disease occupied the back of the head and neck, and extended down as low as the scapulae,—the tumour consisted of branches given off from the post-aural, occipital, and lingual veins. There was no discoloration of the capillaries, and no pulsation. The child was now seven years of age, and the tumour increasing.

Mr. T. B. Curling rose to notice one of the objections which the author of the paper had advanced against the treatment of *nævi* by setons, and which consisted in the fear he entertained of the occurrence of dangerous hemorrhage. Now he (Mr. C.) had used the seton in a great number of cases of *nævi*, no hemorrhage, except such as was readily stopped, taking place; he thought, indeed, the great advantage of the treatment by setons consisted in its freedom from the occurrence of hemorrhage. The treatment by ligature was objectionable; for, even though it might cure, it left an ugly scar, and was not free from danger. In a case in which the crossed

ligatures were applied, the child perished in a few days, from the occurrence of great constitutional irritation. The mode of treatment by injection, he believed was originally proposed by Mr. Lloyd. There was one source of danger from this proceeding, for as it was necessary that very strong caustic should be employed, there was fear of its making such an impression on the larger vessels as to be attended with danger. In a case treated on this plan the patient died almost instantly, probably from the above cause. In what way did Mr. Tyrrell guard against the occurrence of such an accident? Mr. Lloyd, for this purpose, had recommended the use of a piece of pasteboard with a piece the size of the disease removed from it.

Mr. Tyrrell considered that the explanation given in the paper, of the precautions he took for preventing the occurrence alluded to by Mr. Curling, was sufficient. He (Mr. T.) had there stated that he invariably consolidated the surrounding cellular tissue before he interfered with the tumour itself. In two cases in which he had employed the injection the disease was much reduced in size before he touched it, proving the influence of the consolidation around. He thought this plan quite as successful as the one recommended by Mr. Lloyd. He (Mr. T.) did not bring forward his plans as perfect, but merely as the result of his own experience. He regretted that in the reading of the paper the secretary had left out the most important case, which had been treated by the application of nitric acid. In this instance the nævus was cutaneous, occupying part of the superior eyelid, the whole of the left cheek, half of the upper lip, and extended up to the septum nasi. Tartar emetic had been employed, and part of the disease had been destroyed by it, but it was extending in other directions. He circumscribed the boundary line in this case, the nævus being very large, at two distinct periods. This proceeding was followed by no extension of the disease. He then painted over the surface, piecemeal, with a brush dipped in the acid, and touched the neighbouring portion to the last, at each successive application. In this way hemorrhage was avoided, and, after five or six applications, the disease was removed, there being only here and there a slight contraction of the skin, consequent upon the use of the tartar emetic.

Medical Department of Cincinnati College.—The number of students in this institution during the last session was 112; of whom 52 were from Ohio; 14 from Alabama; 11 from Kentucky; 10 from Indiana; 2 from Illinois; 1 from New York; 1 from Louisiana; 7 from Mississippi; 5 from Tennessee; 4 from Virginia; 2 from Pennsylvania; 1 from Arkansas; 1 from Missouri, and 1 from England.

The number of graduates was 27.

Medical Department of Transylvania University.—At the last session 211 students matriculated; of whom 106 were from Kentucky; 25 from Tennessee; 19 from Alabama; 10 from Mississippi; 8 from Virginia; 7 from Georgia; 5 from North Carolina; 5 from Missouri; 4 from South Carolina; 4 from Maryland; 3 from Arkansas; 4 from Illinois; 3 from Indiana; 2 from Ohio; 2 from Louisiana; 2 from Pennsylvania; 1 from New York, and 1 from Texas.

The number of graduates was 54.

Great efforts are making by proper buildings, an infirmary, &c., to render the instruction in medicine even yet more effective.

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ART. I.—CLINICAL LECTURE, ON ECZEMA IMPETIGINODES, AND REMARKS ON THE CONTAGIOUS AND NON-CONTAGIOUS PUSTULAR AFFECTIONS OF THE HEAD.

BY ROBERT CARSWELL, M. D.,¹

Professor of Pathological Anatomy in University College, London; and of Clinical Medicine in University College Hospital.

Gentlemen:—Before relating to you the histories of two cases of eczema impetiginodes which have been under your observation, both patients having now left the hospital cured, I shall make a few remarks on the elementary characters of this cutaneous affection, that you may have a more clear conception of those characters, as the only means of enabling you to recognise the disease when you meet with it, in its different forms, and on different parts of the body, and thereby distinguish it from other similar cutaneous diseases with which it is so frequently confounded, and from which it differs in one most essential particular, viz., its non-contagious nature; and this appears to me the more necessary because of the imperfect acquaintance which not only students, but even most medical men, possess of cutaneous diseases generally, and because of the importance of an accurate diagnosis, more especially as regards those pustular forms of cutaneous disease which are propagated by contagion.

In order to impress on your minds the importance of an accurate diagnosis of skin diseases, I may further observe that it is the first and most essential means of acquiring a knowledge of their history and treatment; for as it is, in general, by an accurate appreciation of their *physical* characters that you can obtain their respective designations and names, so is it from this latter circumstance that you can refer to those standard works in which you are to find the result of the experience of those who have studied these diseases in an especial manner. In this point of view alone an accurate diagnosis, if not as important as regards the issue of the case, as it always is in diseases affecting those organs essential to the maintenance of life; is often much more so as regards the reputation of the practitioner; as, for example, when he pronounces a disease of the skin to be non-contagious, which very soon after is communicated to other members of a family, or to the other inmates of a school; or, on the other hand, his pronouncing a disease to be contagious which is not so, and in consequence of his erroneous diagnosis giving rise to great disquietude, and inflicting too frequently a great injury on his patient, as happens to children at school, whose removal follows as a necessary consequence.

These latter observations apply more especially to the pustular and vesiculo-pustular affections of the scalp, some of which are contagious, others not, and which, although in almost all cases their special and distinct

¹ Lancet, April 13, 1839, p. 97.

tive characters are sufficiently well marked to furnish us with the elements of an accurate diagnosis, are frequently, nay daily, confounded with each other.

However frequent the contagious forms of pustular affections of the head are believed to be, it is an important fact that the non-contagious forms are extremely frequent. Perhaps I would be justified in saying that they are much more frequent than the former; for among the considerable number of cases which I have had occasion to treat among the out-patients of this hospital, there have been extremely few of a contagious nature. Indeed, I believe I have had only two cases of contagious pustular disease of the head, viz., the *porrigo scutulata*, more commonly, but indefinitely called ringworm, and certainly not a single case of *porrigo favosa*.

As I shall, no doubt, have the opportunity of bringing under your notice, at some future period, the subject of pustular diseases of the skin, in their *contagious* forms, I shall not at present enter into a description of their special elementary characters. It will, besides, be sufficient for our present purpose to notice the distinctive characters of these as a means of giving precision and promineny to those which usually characterise the *non-contagious* pustular affections presented by the two patients whose cases I have to relate to you.

And, in the first place, what are the elementary characters of eczema impetiginodes? This disease, as the term implies, is a compound of two diseases,—of eczema and of impetigo. Now, each of these, in its separate state, has its own elementary character—a vesicle in eczema, and a pustule in impetigo. In eczema impetiginodes we have both the vesicle and the pustule; the vesicle, however, being the primary element, and generally predominating during the early stage of the disease. And, besides, the pustular character of this affection always succeeds to the vesicular, and can easily be traced during its progress to a change in the contents of the vesicle, which consisting, at first, of a clear yellow-coloured serosity, afterwards becomes milky-looking, opaque, and puriform. In most cases, however, of eczema impetiginodes the pustular element is much less perfect than the vesicular, the contents of the former consisting of a sero-purulent, rather than of a purulent fluid. But in cases in which the inflammation is more severe than usual, the perfect impetiginous pustule is formed; that is to say, the small, psyraceous pustule, characteristic of impetigo, and even the large or phylaceous pustule, characteristic of ecthyma.

Such are the special and distinctive characters of eczema impetiginodes. The pustular character of this form of eczema distinguishes it from the other forms of the disease, viz., from the eczema simplex, which is a purely vesicular eruption, neither preceded nor accompanied by redness of the skin; and from eczema rubrum, which is always distinguishable by the bright-red colour of the skin, and the number of minute vesicles by which it is covered. To distinguish eczema impetiginodes from some other diseases of the skin is not always so easily accomplished, and this is more especially the case in that form of scabies, called scabies purulenta, affecting the fingers and hands, parts, also, often affected with eczema impetiginodes. But as these parts were not affected in either of our patients, I shall notice only those circumstances which distinguish this disease more especially from *porrigo* of the scalp, and on other parts of the body. But I shall first read to you the short case of Charlotte Fuller, admitted on the 1st of January, with eczema impetiginodes. She was a female child, two years of age, in general good health, and about a month before was said to have had *ringworm*, which was followed by an eruption on the head and nates. When examined the following were the appearances observed:—Scalp thickly covered with an eruption and dried incrustation. In some parts *vesicles*, in others *pustules*, with an *inflamed* basis and a *raised centre*. Behind the ears, erythematous redness, accompanied by a considerable discharge. Besides these appear-

ances of the head and ears there were also redness, swelling, and excoriation of the nates. There was little or no disturbance of the general health.

This is an extremely simple and obvious case of two forms of eczema, viz., eczema impetiginodes of the scalp, and of eczema rubrum of the ears and nates. The vesiculo-pustular eruption of the scalp, in the first stage of the disease, and the incrustations formed by the discharge of the secreted fluids in the second stage, were well marked, and without those complications which arise from the long duration of the disease, a bad state of the general health, and neglect of cleanliness. The characters of the eczema rubrum behind the ears and on the nates were less perfect, as the vesicular element was absent; as generally happens on the decline of the disease, there remaining only the bright-red colour of the skin from which it derives its name, with a few thin, laminated, transparent incrustations, formed by the morbid secretion of the inflamed cutis deprived of the epidermis. In this stage of the affection it resembles and is sometimes denominated, intertrigo, which, however, is only a variety of erythema, produced by friction of contiguous parts, as between the thighs and nates of fat children, for example.

This case terminated favourably in about three weeks after the admission of the little patient, under the use of a mild antiphlogistic treatment, such as is always indicated and required in recent cases of this nature. After the removal of the hair, poultices were employed with a twofold intention, viz., to facilitate the removal of the incrustations and diminish the inflammatory excitement which accompanies the eruption. This latter intention was also fulfilled by water-dressings behind the ears. The bowels were regulated, at first, by means of calomel and rhubarb, and afterwards by the compound decoction of aloes and tincture of senna. The local affection improved daily, and the redness and slight discharge that still remained were nearly removed by the application of a lotion of the dilute liquor plumbi, when the child was removed at the desire of her mother.

To make any remarks on the distinctive characters of this case of eczema impetiginodes of the head, and other diseases of this part of the body, would certainly be superfluous as regards the diagnosis of this individual case, so simple and obvious were the elementary characters which it presented. But, had this same disease presented itself under more unfavourable circumstances; had the vesicular or vesiculo-pustular character entirely disappeared, and the hair been matted together by the repeated accumulation of the morbid secretion of the inflamed cutis, its real nature might not have been so easily determined. The probability is, that it would have been classed among the porrigos, and suspicions entertained of its contagious nature. And here I may with propriety introduce a few observations on the special and distinctive characters of the contagious forms of pustular affections of the scalp, in order to simplify the means of discriminating between them and other non-contagious pustular eruptions of the impetiginous kind. In the case which I have related no doubt could be entertained, as I have already said, regarding its nature, not only on account of the presence of the vesicles, but from the *form* of the pustule, which the reporter of the case has taken care to state, presented a *raised centre*. This circumstance alone is sufficient to separate the non-contagious from the contagious pustular eruptions of the scalp,—the *form* of the pustule, besides other equally important characters, being the very reverse of the former, viz., having a depressed centre. But, in order to render this subject more precise and intelligible, let me state, in outline only, the pustular affections of the scalp. These are four in number: two of them have for their elementary character what is called the favous pustule; the two others the achores pustule. Now there can be no doubt that the favous pustule is one *sui generis*, and essentially contagious, and includes two forms of porrigo,—the porrigo favosa, and the porrigo scutulata, the true ringworm of authors, if not of the vulgar. The achores pustules, on the other hand, if they do not characterise a special disease of the scalp, are certainly not susceptible of transmission by contagion, and hence an im-

portant distinction between the diseases to which they give rise and those of the favous character. The diseases of the scalp, however, arising in the achores pustule, have been included under the porrigo, and present two varieties, the porrigo larvalis and the porrigo granulata. I am, however, disposed to think, with Bielt, that they might be separated from the porrigo, from the circumstance of their non-contagious nature, and also from their bearing a strong resemblance to impetigo or eczema impetiginodes, of which they are probably only modifications, owing to a difference in the seat which they occupy. But, be this as it may, it is obvious that our great object ought to be to be able to distinguish the contagious pustular eruptions from every other pustular affection of the scalp; and this may be accomplished in by far the greater number of cases either at first sight, or after watching the progress of the disease for a few days. The characters, then, by means of which we distinguish the two forms of contagious pustular diseases of the scalp,—the porrigo favosa and the porrigo scutulata,—are the following; and, first, of those of porrigo favosa: the favous pustule is formed by the deposition of a minute quantity of pus, which concretes almost immediately into a pale yellow or straw-coloured substance, having a defined circular edge, hardly, if at all, rising above the surface of the skin, and surrounded by a slight blush of red. The successive effusion and concretion of the matter proceeds from the centre towards the circumference, in which direction it accumulates, thereby raising the circular edge of the crust, and giving to it that *cup-shaped* form by which it is so readily recognised. The size of these *concrete* pustules varies from one to two lines, to half or three quarters of an inch in diameter. They are distinct at the commencement, but become confluent during their formation, and are sometimes confounded together into a large, dry, brittle mass, resembling a mixture of sulphur and plaster. Even in this state, however, of agglomeration, traces of the primitive character of the disease are perceptible, viz., numerous round or irregular depressions, indicating the situation and number of the original favi.

In the second form, viz., the porrigo scutulata, the favous pustules, instead of being distinct, as in the former, are confluent from the commencement, and form patches of various extent, around the circumference of which they are much more numerous than at the centre. Patches of this kind may be seen on various parts of the scalp, but, however much they may increase in extent, by the accumulation of the concrete effused matter, and although, from this circumference the alveolar depressions may become effaced, the projecting, defined, circular edges of the favi are always to be observed around the circumference of the patches, and serve to point out the nature of the affection. The concrete matter of the patches resembles plaster, is of a dirty-gray colour, rather than a yellow tinge, as in the porrigo favosa. Such is a general outline of the physical and distinctive characters of what may be regarded as the true porrigo,—the porrigo favosa and scutulata,—and by means of which we are enabled to distinguish them from other pustular affections of the scalp with which they are confounded, that is to say, with impetigo, eczema impetiginodes, and still more so with the *porrigo larvalis* and *porrigo granulata*. I have already said that these two latter pustular affections have not the favous but the achores pustule for the basis of their classification, and that it is extremely probable that the achores pustule is merely a modification of the pustule of impetigo, affected by its locality, and constitute, when seated in the scalp, varieties of impetigo and eczema impetiginodes. The achores pustules, however, which constitute the porrigo larvalis and granulata, are larger than those of the porrigo favosa and scutulata at their commencement. They are situated superficially, instead of being sunk deep in the cutis, as is the case in the latter; they are, in fact, prominent, instead of being depressed; are surrounded by an inflamed basis; are scattered over the head or other parts of the body; and instead of the puriform fluid *concreting* when effused within a *defined circumscribed* space, it is *spread over the surrounding surface* in the form of laminated,

brittle incrustations, of a yellowish-green, yellowish-brown, or brown colour. The dry, irregular incrustations, independent of the colour, of these two *non-contagious* forms of porrigo, cannot be confounded with the solid circular patches, with depressed centres, of porrigo favosa and scutulata, the only two pustular diseases from which, as I have already said, it is of importance that they should be distinguished.

We now come to the consideration of the second case of eczema impetiginodes, which is one of considerable interest, even in a diagnostic point of view, owing to the unusually obscure and complicated appearance which it presented. I shall first read you the history of this case, taken from the case-book, before offering you the explanatory observations which it suggests.

History of Case.—John Smith, æt. 35, admitted December 4th, 1838, formerly a groom, but for the last three years has been employed as a gardener; he is of a sanguine temperament, tall and muscular, married, and of regular habits; parents are living, and generally healthy; his own health has always been remarkably good. Fourteen years ago (before his marriage) he contracted gonorrhœa, and got well in about a fortnight by the use of internal remedies. He declares he never had any venereal complaint since, nor, indeed, ever been in "harm's way." In the summer, six years ago, he had an eruption of small pimples all over his body, on glans penis, and scrotum, as well as on other parts. These were attended with very little itching and died away spontaneously towards winter; they have returned every summer about June. The eruption was supposed, by his medical attendant, to be syphilitic, and the patient was salivated three times within the twelve months, three years ago. At this time he states that he had a small swelling in the groin, which, however, soon subsided after leeching and rest. After the first salivation the eruption assumed a new form; the pimples broke and discharged a yellow fluid, which concreted into thick scabs. Similar pimples now began to appear on the scalp and face, being preceded by severe headaches. Each pimple broke, enlarged, joined with neighbouring ones, and formed large discharging surfaces, which afterwards gradually healed at the centre, on various parts of the head, trunk, and extremities. His throat became sore; there were large ulcers formed in it, and it continued in this state for two months. He became gradually worse and worse, and was, as stated, admitted the 4th December.

Present Symptoms.—His face is nearly covered with the eruption; the patches are irregular in size, but generally assume a circular form; some parts are erythematous, covered with a furfuraceous desquamation, and around the margins of these patches which have healed in various degrees in the centre, the still discharging eruption forms scabs and crusts of a yellow colour, by the concreting of the matter furnished by the pustules. There are numerous patches on the head, behind the ears, &c. &c.; the margins of the patches are not raised, but the skin around is red and shining; the eruption heals in the centre of the patches, and the parts, once the seat of the disease, do not again become affected. The affected parts are hot, itch, and smart, and heat only makes them worse. There are several large patches on the back, and on the front of the chest, one on the left scapula, and one on the right breast, forming a complete ring. Another very large one is situated just below the knee, healed in the centre, the skin there being of the natural colour, and another patch under the left thigh, four inches in breadth. There are small red papulæ, containing fluid of a yellow colour, like impetiginous pustules, diffused over the body in various parts.

The upper lip is much swollen and protruded; the eyelids are thickened, there is lippitudo and coryza; the sight is dim and impaired, and the eyeballs blood shot.

The skin is, at times, very hot and dry; he is very much weakened by the disease; appetite is pretty good; thirst; sleep bad; very little perspiration; bowels regular; urine high coloured, and rather increased in quantity; tongue clean and natural.

The history of this case suggests two enquiries: first, the nature of the eruption considered in itself; and, secondly, its remote cause or origin. As to the eruption, it presented far from common appearances, both as regarded its general characters and the great extent of the surface which it affected; in some of its characters it bore a faint resemblance to psoriasis, particularly in the redness of the inflamed surfaces and the presence of the furfuraceous desquamations, or, rather, thin, whitish, transparent, laminated scales, which covered a great part of these surfaces. It was, however, only in these respects that it had any resemblance to psoriasis, and that but a very imperfect one; for, in this disease, the squamæ are white and opaque, and are not only accumulated into thick rugous masses, in chronic cases, such as that of our patient, but the inflamed cutis is thickened, hardened, and fissured, which in this case was smooth and shining. Besides the somewhat scaly or squamous character of the affection, which gave to it a resemblance to psoriasis, there was also another circumstance calculated to lead astray, viz., the tendency of the large patches to heal in the centre; but this circumstance is observed in other and different cutaneous diseases, and particularly in that with which this patient was affected.

Besides these negative characters of the disease, there was one of a positive nature, which at once served to distinguish it from psoriasis, viz., the *incrustations*, or *scabs*, which occupied principally the outer margin or circumference of several of the patches on different parts of the body. These were of a yellowish or a yellowish-brown colour, obviously formed by the concretion of a viscid secretion; such, in fact, as is observed to occur in impetigo or eczema impetiginodes. No such kind of crust or viscid discharge occurs in psoriasis, although in some cases of psoriasis inveterata, after an exacerbation of the inflammatory excitement, a slight discharge may take place; but even here the resemblance to impetigo is extremely remote in this as well as in many other circumstances.

Could there have been any doubt as to the character of the disease as indicated by the general appearances of the patches, and particularly by that of the scabs, this would have been removed by the presence of the impetiginous pustules on several parts of the body.¹

This form of impetigo is, as I have already said, far from being common. It is observed in persons of a lymphatic or scrofulous constitution, and most frequently as a sequela of venereal infection, and possibly in those on whose constitutions mercury exercises an injurious influence. It is stated that this patient had a gonorrhœa fifteen years ago, which was removed in the course of about a fortnight after the use of internal remedies, probably no mercury having been employed. Nine years after he had, in summer, what appeared to have been a papular eruption over the whole body, including the glans penis, and which disappeared spontaneously towards the winter, and which had returned every summer since. This eruption was supposed, by the medical attendant of the patient, to be syphilitic, and three years ago he was salivated three times within the twelve months. Instead of this treatment having been of any service to the patient, the disease with which he was afflicted became worse after the *first* salivation. Instead of a papular there now appeared a pustular eruption, occupying first the head and face, and accompanied by severe headach. It was at this time, also, that the throat became affected, and was the seat of ulceration for about two months. From this period, also, the cutaneous disease increased in severity until it had arrived at that stage at which you saw it when he was admitted into this hospital.

When I first saw this patient I did not attach much importance to the venereal origin of his disease, nor was this to me a matter of consequence, as the treatment employed was that which has been found to be, in most cases of this nature, by far the most efficacious.

¹ A model in wax of a part of the body affected with the disease was exhibited and described.

You have heard that he had fifteen years ago only a gonorrhœa, although our evidence on this point is by no means conclusive. However, were his statement correct, it would not be a solitary instance of syphilitic eruptions succeeding to gonorrhœa after intervals of many years. I have myself witnessed cases of this kind, in which the cutaneous affection itself, either of a scaly, vesicular, pustular, or tubercular character, bore sufficient evidence of its origin; and Biett, of the Hospital of St. Louis, of Paris, who has had the most extensive opportunities of investigating this subject, long since informed me that the occurrence of syphilitic eruptions after gonorrhœa was far from being uncommon.

Numerous experiments, particularly those of M. Ricord, have, indeed, lately demonstrated, that the primary affection of the mucous membrane is, in many cases of gonorrhœa, of the same nature as in chancre; the puriform discharge in these cases, when introduced into the cutis, being followed by the formation of a true venereal sore, or chancre, and its constitutional consequences. From a review of the history of this patient's case, therefore, you will no doubt be disposed to consider the vesiculo-pustular affection which he presented of syphilitic origin. The sore throat, combined with successive attacks of the cutaneous affection, would, by most physicians, be considered conclusive evidence in a case of this nature.

The treatment in this case was, in the highest degree, successful; how far the cure will be permanent is yet a question. However, the further use of mercury in a case of this kind would have, I am certain, as it already had done, acted most injuriously. Indeed, I may say, that almost all the bad cases of syphilis which I have seen, more especially when the throat was extensively ulcerated, the nose destroyed, nodes of the bones, excruciating pains, &c., have occurred in persons who had undergone repeated courses of mercury, and without imputing this to the deleterious operation of the mercury alone, it is no less an important practical fact that such consequences too frequently follow the operation of this medicine in constitutions contaminated by syphilis.

The following was the treatment adopted in this case:—

Dec. 4. Venesection, ℥ xii.; sol. of hyd. of potash,¹ ℥ ss., thrice a day; middle diet.

6. Blood buffed and cupped; skin less hot.

R. Creosote, one drop;

Water, ℥ vj.; a lotion for the affected part.

8. Lotion caused some smarting, and was decreased in strength; two ounces additional of water. Increase solution to two scruples.

11. Heat and itching less; eruption paler. Sol. of hyd. of potass, ℥ i.

15. Improving rapidly. Sol. of hyd. of potass, ʒ ¼ scruples.

18. Much less redness, heat and smarting; lotion diminished in strength from its causing too much tingling. Sol. of hyd. of potass, four scruples.

22. Eruption still less red and tingling; patient feels much easier, but had an attack of headach and sickness, from having taken ℥ ss. of the solution by mistake, more than was ordered.

25. Venesection ℥ vj.; sol. of hyd. of potass, ℥ iss.

From this period up to the 10th of January, the general health of the patient and the cutaneous affection gradually and steadily improved.

The use of the creosote lotion was continued, with some variation in its strength, and the solution of the hydriodate of potash gradually increased to ℥ v. A few days after the patient was allowed a more generous diet. On the 22d he was nearly well, desirous of returning home; and on the 24th was discharged cured, the only remains of the cutaneous disease consisting in a reddish discoloration of the parts of the skin which were affected by the eruption.

¹ The solution of the hyd. of potass employed in the hospital contains one drachm to the ounce of water.

ART. II.—CASE OF FRACTURE OF THE NECK OF THE FEMUR WITHIN THE CAPSULAR LIGAMENT, WHERE BONY UNION OCCURRED.

BY W. J. DUFFEE, M. D., OF MOYAMENSING.

On the 2d of January last I was requested, in my professional capacity, to attend Mrs. K., a lady of sixty-eight, who accidentally fell upon the pavement; when lifted she was unable to stand, complaining of excruciating pain along the the sartorius muscle. The foot was turned outwards, and the shaft of the femur was drawn up and lodged on the inferior spine of the ilium. The limb was shortened three and a half inches. Great agony was caused by turning the foot inwardly; but the limb was easily drawn down to its proper length. Desault's splint, as modified by Dr. Physick, was applied on the following day; suppression of urine took place, and I was compelled to use the catheter. Great pain existing in the limb, large doses of morphia were given.

6th. She has tympanites, for which I ordered a terebinthinate mixture and assafœtida enemata.

On the 9th a small slough appeared; simple dressings, and pillows, to restrain, as much as possible, the pressures, were prescribed.

10th. The sore continues to spread, and has covered entirely the sacrum, and extends to the third lumbar vertebra.

11th. The sloughing continues. On endeavouring to turn her upon her side, I found the effort utterly impracticable, as she could not remain in that position. I still continued to use the catheter; the treatment was the same with a nourishing diet.

12th. On this day she is in a fearful condition; her abdomen is swollen as in the last degree of pregnancy; she has lost the power of deglutition; is unable to pass her urine, and is almost pulseless.

Thinking she would expire before morning, I removed the splints and substituted "down cushions" under her, as recommended by Dr. B. H. Coates in his clinical lectures in reference to the last stages of typhus fevers, &c. The medicines following were carbonate of ammonia, terebinthinate mixture, and assafœtida enemata, with wine whey and simple dressings.

13th. The abdomen was not so much swollen, the urine was withdrawn, and treatment continued.

14th. The slough has ceased to spread; the swelling has entirely subsided. I introduced the catheter, and withdrew about one pint of highly coloured urine, containing a quantity of sabulous matter; the ammonia was then discontinued.

15th. The patient is improving rapidly; the slough has assumed the appearance of health.

16th. The ulcers of the back and labia are healing. Turpentine and assafœtida relinquished, and a nourishing diet prescribed.

17th. The countenance cheerful, and I need hardly add that, from the moment the "down cushions" were applied, to the present period, she experienced and manifested the greatest comfort her condition could permit, verifying the opinion as expressed by Dr. Coates of their practical utility.

19th. The ulcers have healed, and her urine is discharged without instruments; small doses of morphia are given at night to produce sleep. The limb is constantly kept on pillows, but the splints are no more applied.

April 6th. Mrs. K. has left her bed, and her injured limb is *only* one inch shorter than its fellow, and she can walk with nearly the same facility as ever by means of a high healed shoe.

Some may imagine that this was not a case of fracture *within* the ligament, but *external*—as it has been supposed by many distinguished surgeons that fractures *within* the ligament *never* unite. To such objectors I cheer-

fully offer ocular demonstration whenever they please, and they may judge for themselves of the facts alleged.

The subject exhibited all the diagnostic symptoms of fracture *within* the capsular ligament, as they are described by Desault, Sabatier, and Bruninghausen; and Dr. Coates, having done me the kindness to examine the limb, states, that he is perfectly satisfied there is *bony* union, and that it was a case of fracture of the neck of the femur *within* the capsular ligament.

Robley Dunglison, M. D.

Respectfully,

W. J. DUFFEE.

ART. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

JOSEPH PENNOCK, M. D., AND ROBLEY DUNGLISON, M. D., ATTENDING PHYSICIANS.

Cases of Delirium Tremens, treated eclectically. Reported by JOSEPH B. COTTMAN, M. D., Resident Physician.

CASE 1.—Ann Lynch, æt. 39. Entered on Thursday afternoon, October 25th, under the influence of liquor. No treatment.

26th, A. M. Slept six hours last night—has horrors and tremors; tongue slightly coated, very tremulous, pulse 124, weak and frequent, easily compressed. Subtultus tendinum. Skin hot, pain and soreness on pressure in epigastria region, occasioned by a blow received before her entrance; bowels open once during the night; cramp in the feet and hands—no treatment.

26th, P. M. About an hour after the morning visit, the patient felt sudden flashes of heat darting through her body; immediately after a sensation of chilliness, which continued alternately until 12 o'clock, when very severe convulsions ensued which lasted ten minutes. After recovering felt as though she had been sleeping; was more composed and had less tremors; thought during the day she saw several objects, but knew them to be imaginary; had sickness at stomach during the day, and vomited several times.

Present state.—Intelligence clear; no illusions; tremors less. Tongue coated, red at the tip; pulse 110, weak; great anxiety of mind, and a sense of suffocation occasionally; skin cool and dry.

27th, A. M. Slept seven hours last night; sleep slightly disturbed; imagined during the night that some one was pulling the clothes off her; depressed in mind; has wandering neuralgic pains darting through her body; pain in the head not so bad; giddiness of the head when sitting up; has no illusions; pupils natural; tremors slight; respiration easy; tongue coated in the centre with a yellowish brown fur, red at the tip; pulse 88, weak; bowels open; skin cold and moist.

P. M. Expression better; dimness of vision; objects appearing as if enveloped in smoke; tongue natural; papillæ a little raised; breathing easy; pulse 118, very weak; skin cool.

28th, A. M. Slept seven hours; feels low spirited; no illusions; slight tremors; tongue more natural, slightly coated; pulse 100, small and thready, intermittent; skin cool and moist.

P. M. Very much improved; expression more lively; tongue more natural; pulse 92, more full and regular; still weak; skin rather dry, temperature natural.

29th, A. M. Slept five hours; expression better; tongue natural; skin of the natural temperature and moist; pulse 88, rather feeble; slight tremors; bowels open; convalescent.

P. M. Expression much improved; tongue natural; pulse 80, and feeble; skin rather cool.

30th, A. M. Slept well last night—quite convalescent.

31st, A. M. Still continues well—transferred to surgical ward for a blow received during a state of intoxication.

CASE 2.—27th Oct., Hannah Gallaher, æt. 20; came in on Friday afternoon, Oct. 26—married—does house work. Has been in the habit of drinking a pint of gin daily for the last five months; slept last night seven hours; seems rational; has slight tremors; tongue coated with a white fur; pulse 84, weak and intermittent; skin cool and natural.

P. M. Feels depressed in spirits; anxiety of mind; some giddiness of head; sometimes thinks she sees persons walking about her, at others flashes of light pass before her eyes; tongue preternaturally red; some soreness and a sense of sinking in the epigastrium; pain upon pressure; pulse 88, strong and full; skin natural and rather moist. No treatment.

28th, A. M. Slept four hours; imagined she heard voices during the night; expression very melancholy and dejected; tongue coated; breathing oppressed, and accompanied with frequent sighing; tremors still continue; pulse 84, laboured; skin cool and moist; bowels have not been open for the last two days. Enema commune.

P. M. Feels very much depressed in mind; complains of severe pain in the head; imagined she saw angels and the devil in her cell; tongue very red; oppression of breathing still continues; pain in the right hypochondrium; pulse 80, full; skin cool and dry; bowels open once.

29th, A. M. Slept five hours; hallucinations very great; continues the same as last evening; tongue coated and moist; pulse 88, weak; skin warm and dry; respiration oppressed.

P. M. Hallucinations still continue; imagines that she is going to heaven, and that she has angels accompanying her. Skin hot and dry; pulse 100, rather strong; tongue red and moist.

30th. Hallucinations continue the same; slept five hours; pupils dilated; tongue coated, red and moist; breathing easier; appetite better; pulse 84, weak; skin warm and moist; bowels costive; ordered one ounce of the oleum ricini.

Has no visual hallucinations, but thinks she hears persons talking to her; seems more composed, though still labouring under depression of mind. Tongue red, moist; pulse 72, full; skin hot and dry; no tremors.

31st, A. M. Slept seven hours during the night, and still asleep at the morning visit.

P. M. Convalescing.

Nov. 1st, A. M. Rested well; slept seven hours; no dreams; tongue slightly coated; pulse 88, regular; skin natural, moist; bowels constipated. Sumat olei ricini, ʒj.

P. M. Very noisy; seems to be deranged.

2d, A. M. Still deranged; talks incessantly on religious subjects: seems to be a case of religious monomania; thinks no one will go to heaven but a catholic; tongue still coated; pulse 80.

P. M. Still talks about religious affairs; begs that her priest may be brought to her to get absolution of her sins. Skin cool and moist.

3d, A. M. Slept none, hallucinations greater; thought she saw persons looking at her through the window; continually talking of her clergy; tongue coated; pulse 80; skin warm and moist; expresses a fear of suffocation by some secret tribunal; wishes to see her clergy, and allowed to do so to quiet her.

P. M. More quiet; slept none.

4th, A. M. Slept seven hours; more quiet; tongue natural; pulse 88, full, and of good volume; skin dry and rather hot.

P. M. Slept one hour; rather better; pulse 72; tongue clean; has pain in the head; skin cool and moist.

This patient continued to improve until the 10th of the month, when she was discharged, cured.

CASE 3.—Ann Shane, æt. 34, was admitted October 23d. 24th, Slept some during the night; appears to be very much prostrated; great dulness of hearing, and dimness of vision; every thing appears to be green. Slight pain in

the head; pupils dilated; tongue preternaturally red, more so at the tip, rather dry. Skin hot and dry; respiration short and laboured; has cough; expectoration sero-mucous, of a brownish tinge, slightly tenacious; pulse 120, weak and compressible; tenderness of the epigastrium; pain upon pressure. Abdomen tumid; bowels constipated; have not been open for a week. She was ordered a drachm of pulv. camph., tinct. opii, gtt. xxxvi., syrup. tolu, ℥ ij., muc. acac. q. s. ut fiat ℥ vj. ℥ ss. omni horâ: enema; two ounces of wine during the day; beef tea, and pedil. sinap.

P. M. Expression dejected; pupils natural; eyelids falling down; incoherent; sees things double; imagines that she sees soldiers entering the cell, and rats running about it; very much afraid of being left alone; breathing more natural; cough less; tongue the same as this morning; pulse 100, still feeble, easily compressed; skin cool and dry; pain and soreness on pressure in the epigastrium; pain in the back and loins; feet cool; hands rather warm.

25th, A. M. Expression dejected; eyes dull, and wanting expression; pupils natural; tongue not so red, more natural, moist; coughs much; expectorates freely; respiration 24 in the minute; under the left clavicle on percussion resonant. Slightly so on the right side. Under the left clavicle respiration rude and blowing; under the right blowing. Right posterior superior scapular region, pectoriloquy and *bruit de frottement*; on the left posterior superior scapular region respiration bronchial; pulse 110, weak and compressible; skin warm and slightly moist; pain upon pressure over the sternum and chest; pleurodyne; soreness and tenderness upon pressure over the epigastrium; abdomen tense; passes her water freely; bowels open; slept two hours. Continue treatment.

25th, P. M. Somewhat improved; pulse 88; in every other respect the same as at the morning visit. Discontinue treatment.

26th, A. M. Slept five hours; appearance rather improved, expression more lively; no tremors; pulse 100; tongue clean, natural.

26th, P. M. Expression very much improved; skin warm and dry; pulse 102; tongue natural.

27th, A. M. Expression better; pulse 100; bowels regular; coughs much; expectorates muco-purulent matter; skin moist and natural. Ordered R. syrup tolu. ℥ iv., gum ammoniaci ℥ ss., muc. acac. q. s. ut ft. ℥ vj. ℥ ss. q. h.

27th, P. M. Expression dejected; no illusions; tongue moist and red; has severe darting pains in the side when she coughs; soreness of the abdomen and epigastrium still continues; pulse 112, very weak and feeble. Skin cool and dry; bowels open four times during the afternoon; ordered three ounces of wine during the night.

28th, A. M. Illusions entirely gone; slept three hours; quite convalescent. Transferred to the Medical Ward for the treatment of her other affection.

CASE 4.—Margaret Green, æt. 29, entered on Monday afternoon, Nov. 29, intoxicated.

8 o'clock, P. M., *present state*.—Perfectly sane; skin hot and moist; tongue moist and coated; pulse 108, and very strong; slept three hours during the afternoon. No treatment.

30th. Slept six hours; face flushed; pupils dilated very much; tongue still coated and moist; slightly red at the tip; pulse 64, weak, thready; bowels freely open; slight tremors.

30th, P. M. Expression lively; intelligence clear, no hallucinations; tongue clean. Pulse 60, small and feeble; skin moist; temperature natural.

31st, A. M. Slept six hours; rest undisturbed; feels perfectly well; tongue coated with a yellowish fur, red at the tip; pulse 64, full and regular; skin warm and moist; slight tremors.

31st, P. M. Feels well; has good appetite; quite convalescent.

November 1st, A. M. Slept 6 hours; feels low spirited and weak. No illusions; tongue natural; pulse 72, rather weak; skin warm and moist; had cold sweats during the night; bowels open frequently.

P. Pulv. kino. gr. ij. ; plumb. acet. gr. j. ; quaque secunda hora.
 P. M. Feels lively; tongue moist; pulse 92, weak; skin warm and moist; bowels not open so often.
 2d, A. M. Feels perfectly well; allowed to walk about. Discharged on the 3d, cured.

BIBLIOGRAPHICAL NOTICES.

*Randolph's Memoir on Physick.*¹

This is a worthy tribute to one whose loss the profession and the public have had to deplore within the period embraced since the first establishment of this journal—one who,—as we on a former occasion expressed, and as has been constantly, now almost proverbially, expressed,—will ever be regarded as the “Founder” or “Father of American Surgery.” It matters not whether this were the affair of circumstances, or of transcendent merits, or of both combined; such is nevertheless the fact.

Dr. Randolph has not attempted, in the memoir before us, to indulge in that overstrained style of eulogy, which too often pervades such productions; he has endeavoured to afford us a view of the character of his distinguished relative, derived from long and intimate personal communication. No attempt at effect is perceptible in his pages. Every thing indicates the honourable, manly and independent principles which—his professional brethren will admit—characterise the estimable author.

As regards the “getting up” of the book, we cannot say more than that, so far as we know, it exceeds any thing of the kind which has emanated from the Philadelphia press.

New Remedies.

In the Library department of the next number we shall commence, in alphabetical order, an account of “New Remedies,” in which will be comprised those of modern introduction, with certain older agents that have in recent times received novel applications. The experience of practitioners at home and abroad will be referred to, and illustrative formulæ given at the end of each article. The country practitioner, especially, has some difficulty in obtaining precise information on the various uses of such agents as creosote, iodine, in its various forms, &c.—a deficiency which we shall attempt to supply. At the termination of the volume an index of diseases, &c. will be given. It is on the basis of Riecke (Stuttgart, 1837).

Baltimore Almshouse.—We are glad to learn that, at a recent election, Dr. Robinson, of Baltimore, was elected one of the physicians, in conjunction with Dr. S. Annan, of that extensive charity.

¹ A Memoir on the Life and Character of Philip Syng Physick, M. D. By J. Randolph, M. D., Lecturer on Surgery, Member of the American Philosophical Society, one of the Surgeons to the Pennsylvania Hospital, Member of the Philadelphia College of Physicians, one of the Consulting Surgeons to the Philadelphia Dispensary, Honorary Member of the Philadelphia Medical Society, &c. &c. 8 vo. pp. 114.

MISCELLANEOUS NOTICES.

Communicated for the "Intelligencer."

Leeches.—Sir: Allow me to avail myself of your widely circulated paper, to communicate a useful fact to the medical profession in the province. Leeches are of very great importance in medical practice, and so dear here (£1 10 0 dozen) as to put them beyond the reach of almost every one. We have a leech in this country abounding in every rivulet fully equal to the German leech, (*Hirudo medicinalis*.) There are three species of leeches at least in this neighbourhood, all confounded under the name of horse leech, viz.: the orange bellied, the black bellied, and the striped leech. I procured last week some of the orange bellied kind and sent some to the General Hospital, with a request to my friend, Dr. Campbell, to try them. He applied four of them to the eyelid of a girl labouring under ophthalmia, and the result was every way satisfactory; they fastened readily, caused no pain, drew plentifully, the bleeding stopped spontaneously when the fomentations were discontinued, and neither inflammation nor ecchymosis followed. This experiment was the more gratifying as the common leech will often produce irritation and ecchymosis when applied to the eyelid. I have since verified the above in private practice. The description of the animal is as follows. The back is dark bottle green, with three lines of minute dots, the centre one yellow, and the lateral ones black; the belly is a dusky orange, sometimes mottled with irregular black spots. They breed freely in confinement, and seem easily preserved. They sometimes require minute punctures to be made before they will fasten, and should be taken out of the water at least a half an hour before being used. The procuring of these animals will form a useful and profitable employment for the many idle lads that infest our streets, playing marbles, tops, &c., if not doing something worse. Hoping that these observations may prove of service.

I remain,

Your obedient servant,

S. C. SEWELL, M. D.

To the Editor of the Montreal Herald.

Researches on Suppuration. By GEORGE GULLIVER, Esq., Assistant Surgeon to the Royal Regiment of Horse Guards.—(*Phil. Magaz.* S. 3, vol. xiii. No. 81, Sept. 1838.)—In this paper Mr. Gulliver adduces various facts to prove that, in inflammatory and suppurative fevers, it is possible to detect globules of purulent matter in the blood; and he consequently infers that the presence of these purulent globules is the cause of the peculiar symptoms observed in cases of this class,—in short, the proximate cause of the sympathetic inflammatory, sympathetic typhoid, and hectic fevers.

The mode of examination was partly chemical, partly microscopical. As water acts rapidly and energetically on the blood-globules, dissolving them so as to render them invisible, while the globules of purulent matter undergo no change after being long kept in water; so while the blood-globules are diffused through the fluid, the globules of purulent matter fall to the bottom, where they may be easily seen, and their characters determined by means of a good microscope. Ammonia instantly renders the blood-globules invisible, while it acts slowly on the purulent globule; and acetic acid acts on the blood-globule and that of purulent matter in a manner equally characteristic. The microscope used for the purpose now specified was that with the deep object glass of Mr. Ross, already mentioned in the paper of Dr. Davy. To distinguish the globules of chyle from those of purulent matter, Mr. Gulliver observes, that it is necessary to remember that the medium diameter of purulent globules is $\frac{1}{3000}$ ths of an inch, which is above twice that of those of chyle.

In prosecuting this enquiry Mr. Gulliver employed evidence of two sorts.

He first produced inflammation artificially in one or more of the tissues in brute animals, and he then recognised the presence of globules of purulent matter in the blood of one or other of the large veins. Thus in the blood obtained from the right ventricle of the heart of a dog, in which acute inflammation was produced by injecting a weak solution of corrosive sublimate into the cellular tissue of the thigh, in the blood of the *vena cava* of a dog, in which both *tibiæ* and the cellular membrane were inflamed, in experiments on necrosis, and in the blood of the inferior *cava* of a dog destroyed by *peritonitis*, artificially induced, globules of purulent matter were seen by the microscope.

He also injected purulent matter into the *pleura* of one dog, into the *peritoneum* of another, and into the crural veins of other two dogs; and in the first two cases, and in the last, he detected the presence of globules of purulent matter in the blood after death.

The second kind of evidence employed by Mr. Gulliver is that obtained from submitting to examination the blood of persons destroyed by various diseases, in which purulent matter is formed in the course of the disorder, as small-pox, *peritonitis*, suppurative inflammation of the leg, with inflammation of the vein, pleurisy, diffuse inflammation of the thigh, and pulmonary consumption; and in the whole of these cases he found globules of purulent fluid in the blood of the chambers of the heart or large veins after death.

The opinion originally founded on the microscopical observations of Mr. Hunter, Sir Everard Home, and M. Bauer, that the globules of purulent matter are merely globules of blood modified by the inflammatory process, as advanced by Sir A. Cooper, Dr. Young, and M. Gendrin, Mr. Gulliver seems disposed, in some degree, to consider probable. He does not, however, agree with the latter author in regarding purulent matter as a modification of fibrin; and he adds that, in regard to the Batrachian reptiles, he never could induce suppuration in their tissues after repeated trials; and he consequently does not agree with M. Gendrin in admitting the facility of observing the transformation of blood-globules into globules of purulent matter.

He thinks that the matter often found in the centre of clots of fibrine is not purulent but mere softened fibrine, which, though resembling purulent matter in some particulars, differs from it in chemical and microscopical characters.

His notion of the nature of the process of suppuration is ingenious. He thinks that the experiments performed by him render it probable that it is a sort of proximate analysis of the blood. As the effused fibrine produces swelling, or is attracted to the contiguous tissue for the reparation of injury, the blood globules altered by stagnation become useless, and are discharged in the shape of purulent matter, as waste from the system. Suppuration, therefore, he thinks, may be a physiological rather than a pathological phenomenon, purulent matter being an excrementitious discharge,—a part of the blood which has become effete and noxious during the reparative process, whether this process may have been employed in limiting the extent of an abscess, or in healing breaches of continuity. If, however, purulent matter be formed in the capillaries, in consequence of the stagnation and coagulation of their contents, this matter, he thinks, might be mixed in large quantities with the blood in cases where no declared or manifest suppuration has taken place.

Regarding the observation of Müller, that the smaller capillaries have only the diameter of a blood globule, he promises on a future occasion to show, from the result of experiments, that these vessels become sufficiently enlarged during inflammation to contain a row of purulent globules.

To the remark, that purulent matter is often formed without any obvious addition of fibrine to the neighbouring parts, he answers, that this is not a

healthy but a diseased form of suppuration; that in this kind of suppuration the fibrine is broken down, mixed, and excreted with the purulent matter; and hence are formed the flaky curdy masses so often associated with this form of suppuration.

He also infers that the presence of purulent matter in the blood is the cause of the symptoms of irritation and fever generally observed in diseases in which inflammation proceeds to suppuration.¹

*Anatomy of Club Foot.*²—Although the malformations which are known under the popular denomination of club-foot are extremely frequent, and their treatment carried to a high degree of perfection, we possess but few accurate records of dissections of the affected limb. The following account of a case of talus, lately presented to the Royal Academy of Medicine by M. Bouvier, is therefore worthy of some attention:—

It occurred in the person of a man, who died at the age of sixty-six years in the Hôtel Dieu. The malformation had been developed in this individual when at the age of twelve months, and consisted in a forcible extension of the foot, by which the weight of the body was made to fall entirely on the heel. The angle which is formed by the axis of the foot with the leg, is sixty degrees, and the point of the foot is with great difficulty brought down so as to form a right angle. When this is done the tibialis anticus, extensor communis, and extensor proprius pollicis muscles are thrown into a state of extreme tension. The integuments of the heel are thick and horny; those of the rest of the foot are fine and thin, showing that the heel had to bear the entire weight of the body. The os calcis is directed somewhat outwards; the whole foot also deviates outwards in a slight degree; the sole of the foot, instead of forming an arch, is nearly flat. The lateral peroneal muscles are shortened, but those which cover the back of the leg are elongated. The whole limb is remarkably wasted, the muscular fibres completely deprived of their colour, and presenting that peculiar fatty appearance which so often occurs in cases of club-foot.

The operation of dividing the tendons, which has been practised with so much success in cases of children affected with club-foot, has never, we believe, been tried on a patient far advanced in life. It was, therefore, a matter of some interest to determine how far the malformation, in the present instance, might have admitted of remedy by surgical means. The tendons of the anterior muscles were divided, and immediately the point of the foot was brought down to a right angle, the deformity almost completely disappearing.—*Bul. of the Academy, Dec. 1838.*

Red Sulphur Springs of Virginia.—In many pulmonary affections, in which change of air, scenery, and appropriate natural waters are indicated, no situation appears to offer more advantage to the invalid than the Red Sulphur Springs of Virginia. Possessing a delightful climate, a water which, on the authority of several observers, diminishes the frequency of the pulse, and acts markedly as a sedative, and with accommodations, furnished by the enterprising proprietor, well adapted for the comfort of the valetudinarian, there is no retreat which promises more in the affections referred to, as well as in all those chronic derangements of internal organs, for which traveling air and exercise, with the various advantages above mentioned, are deemed advisable.

We have lately seen the details of two serious cases which were strongly

¹ Edin. Med. and Surg. Journ. April, 1839, p. 559.

² Lancet, March 2, 1839, p. 846.

illustrative of the benefits of a sojourn in this trans-Alleghany sanitarium under such circumstances.

We publish the following by request.

[Extract from the minutes of the Philadelphia Medical Society.]

Resolved.—That all discoveries or improvements in medicine or surgery should be freely promulgated through the appropriate channels of medical information for the advancement of medical science, and for the good of mankind. And that the appropriation of such discoveries or improvements by their authors, to their exclusive pecuniary emolument, by the taking out of patents or otherwise, is at variance with those principles of liberality and beneficence which should distinguish the medical character." Ordered to be published.

HENRY KEIM, JR.

Rec. Secretary.

27th March, 1839.

Morton's Crania Americana.

We are gratified to learn, that this splendid work, which is destined, we trust, to be as well known as the "Decas collectionis suæ craniorum diversorum generum illustrata" of the celebrated Blumenbach, is rapidly passing through the press, so that it will be delivered to subscribers on the first of September next. We have seen some more of the plates, which are admirable.

We recommend the work in the strongest manner to our readers.

BOOKS RECEIVED.

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AMERICAN MEDICAL INTELLIGENCER.

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No. 6.

ART. I.—ON THE SOUNDS OF THE HEART.

BY J. H. S. BEAU,

Chef de Clinique at the Hospital La Charité.

[This is a difficult subject of investigation, which we hope will be elucidated by the labours of a zealous and able friend, who contemplates instituting, at an early period, a set of experiments on animals on the normal action of the heart. Hitherto, experiments have yielded results by no means accordant. To many of these we have referred elsewhere,¹ and—for the reasons there given—have stated, that farther observations are necessary, but that in the present state of our knowledge, the view of Dr. Williams and of Mr. Carlile is most in accordance with observed phenomena. This view refers the *first sound* to the systole of the ventricles, and the *second* to the obstacle presented by the semilunar valves to the return of the blood from the arteries into the heart. The first sound, at all events, appears to be synchronous with the systole of the ventricle, and the second with its diastole.

M. Beau whose attention to diseases of the heart is well known to the profession, both from the mention made of him by M. Brichteau in his "Medical Clinics of the Hospital Necker," published in the "Library," and from his own publications, gave the following account of the normal sounds of the heart in a paper which he published four years ago;² and—from a recent communication—farther observation appears to have confirmed him in his views.—*Ed.*]

"1. The succession in the movement of the cavities of the heart takes place as follows:—contraction of the auricles, dilatation of the ventricles, contraction of the ventricles, dilatation of the auricles; then a recurrence of the series, contraction of the auricles, &c.

"2. The *first sound* of the heart, or *inferior sound*, or *ventricular sound*, is produced at the moment when the wave of blood, impelled by the contraction of the auricle has rapidly dilated the ventricle. It is the result of the shock of the wave against the paries of the ventricle which is situate opposite to the auriculo-ventricular orifice.

"3. The *second sound*, or *superior sound*, or *auricular sound*, is produced at the moment of the dilatation of the auricle. It is owing to the arrival of the column of blood, which *debouching* rapidly from the venous trunks, strikes against the anterior paries of the auricle.

¹ Human Physiology, 3d edit. ii. 160. Philad. 1838.

² Archives de Médecine, Dec. 1835.

"4. The rhythm of the motions of the heart is composed of three regular and equal *times*. In the first, which is marked by the *ventricular* sound, there is contraction of the auricle, dilatation of the ventricle, contraction of the ventricle. In the second, which is marked by the *auricular* sound, there is dilatation of the auricle and depression of the semilunar valves, which retain in the arteries the blood first sent into the ventricles. Lastly, in the third *time*, which is marked by a *silence* equal in duration to one of the preceding sounds, the dilatation of the auricle continues until its repletion is complete.

"5. Consequently, the wave of blood sets out from the auricle, traverses the ventricle, and arrives in the artery in one third of the time concerned in the entire revolution of the heart. The two other thirds are occupied in the dilatation and entire repletion of the auricle.

"6. The shock of the apex of the heart against the paries of the thorax is the effect of the diastole of the ventricle, not of its systole."

[In the communication before referred to, published in the same journal and entitled "Researches on Certain Points of the Semeiology of Affections of the Heart," M. Beau deduces the following inferences, basing them on the normal sounds described in his earlier paper.]

"1. Hypertrophy of the ventricles does not, of itself, give rise to the shock or impulse in the præcordial region. This shock exists only in a high degree when hypertrophy of the ventricles is accompanied by hypertrophy of the auricles.

"2. The abnormous sounds are produced by the increased friction which the blood exerts against the parietes of the cavities of the heart, which occurs when there is a want of proportion between the wave of blood and the calibre of those cavities.

"3. The contraction of the orifices is not a necessary cause of abnormous sounds; for different circumstances may occasion the volume of the wave to be diminished in the same proportion as the diameter of the contracted orifice, and consequently there may not be any augmented friction.

"4. When the contractions are not accompanied by abnormous sounds, as frequently happens in old persons, there is, most commonly, irregularity in the normal sounds and in the pulse.

"5. The abnormous sounds of the first *time* are produced by the different kinds of polyæmia; by the lesions which occasion a diminution in the calibre of the auriculo-ventricular and ventriculo-arterial orifices. To these may be added insufficiency in the auriculo-ventricular valves.

"6. The abnormous sounds of the second *time* arise merely from ventriculo-arterial insufficiency.

"7. The seat of *maximum* intensity of the abnormous sound of the first *time*, is commonly found at the part of the præcordial region which is opposite the inferior half of the heart, or its point. That of the abnormous sounds of the second *time*, is in the point of the præcordial region, which answers to the base of the heart.

"8. It is impossible to distinguish by the seat of the sounds in the præcordial region, which is the side of the heart whose orifices are affected.

"9. The abnormous sounds differ from the normal in their seat, mode of production and form: they have, consequently, a separate existence, and may be met with together; but they are never transformed into each other.

"10. Like the normal sounds, the movements of the cardiac cavities may be double, (*se dedoubler*,) and take place separately."

ART. II.—NUTRITION OF THE FŒTUS.

Spring Hill, Va. May 29, 1839.

Professor Dunglison,

Dear Sir,—If you think the remarks below are deserving a place in your valuable "Journal," they are for publication. I do not offer them as claiming originality, but merely as eclectic.

Very respectfully,
A. J. COONS.

The source from which the fœtus receives its pabulum for the growth of the same, has been a point of warm controversy among different authors; and one that has solicited the greatest diversity of opinion.

But in the absence of any thing of an absolute character, we should adopt the theory that will admit of the greatest amount of evidence. Then, for the first few weeks of gestation, before there is either placenta or liquor amnii to afford the pabulum, the new being receives its increment from a nutrient principle that descends to the uterine cavity through the fallopian tube at the time of the ovum itself. In fact, this gelatinous mass surrounds the embryo, and may be considered a part of the ovum. The process effected here is very analogous to the development of the chick in ovo, during the period of incubation.

From the time when the placenta is in esse, some distinguished authors are of opinion that the fœtus is nourished by the function of absorption; and that the nutriment offered for the exercise of this function is the liquor amnii.

This liquor, Professor Dunglison suggests, may be secreted by the maternal vessels, which would therefore call for a process of imbibition and transudation through the membranes.

Those authors who have maintained that the cutaneous surface of the fœtus has the power of absorbing, have denied such an office to the placenta, any further than oxygenating the blood of the new being. Now, it would seem an organ, so vascular in structure as the placenta, and so closely adherent to the uterus (another viscus of great vascularity) as to make a sensible indentation in it, must imbibe some part of the fluid that circulates in the womb.

An overwhelming argument in favour of the placenta absorbing nutriment for the fœtus is, that the fluid circulating contiguous to it is highly nutritious, which is not the case with the liquor amnii, as we shall presently show. Professor Dunglison in support of a different opinion from ours, remarks, "We have the most incontestable evidence, that neither the placenta nor umbilical cord is indispensably necessary for fœtal development." Now every argument the distinguished professor brings forward in support of his position, it seems he concentrates in the single case observed by Dr. Good in 1791.¹ And to use his own words, in this case, "a small shriveled placenta, or rather the rudiment of a placenta, followed soon after the birth of the child, without a funis or umbilical vessel of any kind, or any other appendage by which it appeared to have been attached to the child." As unimpregnable as this case seems, it may be asked might not some contingency relative to the same have existed, of which the sagacious mind of Good did not take cognisance? It may be, this separation of the placenta from the fœtus took place just before parturition—the cord having sphacelated; or from some cause still more occult. At least, I think these hypotheses are more plausible than some on the negative side of this question; such as the vivifying of the blood being accounted for, from the unusual quantity of

¹ The views of the editor to which our correspondent refers, is contained in his *Human Physiology*, 3d edit. ii. 456. Philad. 1838.—*Ed.*

oxygen contained in the liquor amnii: and a supplementary function being assigned to the liver for the discharge of the same office.

But to proceed. Cases of this character are very eminently rare; and there are found very generally (if not always) some traces of a placenta. I am not aware of any clear case on record which leads us to conclude a priori, there must not have existed a union during some period of gestation; and to determine how long before parturition this separation took place, is involved in the deepest obscurity.

Indeed, how can the liquor amnii be of much aid, if any, in offering nutriment to the fœtus, when from chemical analysis it is little else than water? Containing, agreeably to MM. Vauquelin and Buniva, water 98.8; albumen, salts of lime and soda, 1.2.

There are other important functions assignable to this liquor without calling in the function of nutrition. If we admit this function more properly belongs to the liquor amnii, and that the placenta is not essential to fetal life—fœtuses having been born without a placenta—then we had as well admit that nature, by a slight effort, might very handsomely have dispensed with this organ altogether. In opposing the opinion of those physiologists who have introduced the marsupial animals, as one case of animals breeding without a placenta, it is only necessary to say, they have introduced an example of analogy, like many others, that will not obtain between man and the lower animals.

But let us examine a little into the other side of the question. And first, it is an incontestable fact that children are sometimes born—and in a vigorous and healthy condition—when the liquor amnii is fetid. (Blundell.) Again, it cannot be denied that the liquor amnii is sometimes discharged several weeks before the extrusion of the child. In these cases it has been observed at birth, that the infant was plump and well nourished; “which (in the language of Blundell) could not have been, had the nourishment of the child depended upon the liquor amnii.”

Now let us compare, for a short time, the validity of these two theories as to the source from which the new being receives its nutriment.

If we receive the liquor amnii as the source of nourishment, it may be asked, how is the blood vivified when there is no placenta? Here we are left profoundly in the dark. If we adopt the placenta as the means of nutriment to the child, and at the same time vivifying its blood, it is sufficiently intelligible how it is supported in those cases where there is no liquor amnii. And again, the discharge of this fluid previous to the time of labour is much more common than the separation of the child from the placenta prior to the same time.

A. J. COONS, M. D.

For the American Medical Intelligencer.

ART. III.—CURIOUS CASE OF PROTRACTED EXPOSURE IN A DRAIN.

[We publish with pleasure the following singular case, obtained from the interesting relic of medical history, with which our esteemed correspondent has favoured us.—*Ed.*]

Sir,—Herewith you will receive a very scarce, and, as regards Philadelphia, probably a unique copy of the Charleston Medical Register, for the year 1802, by David Ramsay, M. D., which I received from the author soon after its publication. I deem it worthy of a new dress, and hope you will agree with me in opinion on the subject. The advice contained in the in-

roduction is marked by the sound sense which distinguished all the writings of the author, and the statement of the long residence of the Kentucky horse dealer in a pestifential underground drain is one of the most extraordinary instances of the human vital principle to resist foul air, or of defective excitability to its effects, on record.

Professor Dunglison.

Accept my respects,

JAS. MEASE.

“On the night of the 9th of October, 1802, William Withers, a horse dealer from Kentucky, descended through a grate into one of the covered arched drains that pervade the streets of Charleston, and passed along the same till he was opposite to the South Carolina Bank. He then began operations to make a subterraneous passage across from the drain to the vaults, in which the cash of the bank was deposited. In prosecuting this business, he passed ninety days and nights under ground, and in a prone posture. For the first twenty-two days after his descent, it was so uncommonly warm as to be on an average nearly seventy-nine. For the last sixty-eight days the heat varied from seventy-four to thirty-three. In the first period, yellow fever, intermitting, and other fevers of warm seasons, were common among the inhabitants. In the last period, pleurisies, colds, and catarrhal complaints, were, in like manner, frequent: yet, all this time, Withers enjoyed good health, with exceptions of a few slight headaches and pains in his bones, which generally went off with perspiration in the course of his next repose. His situation in the drain was distressing; but it was tolerable after passing through it, as he was surrounded with earth. He had no blanket nor covering of any kind, but his light ordinary apparel, which he never put off. His usual time of sleeping was when he judged it to be day from the noise he heard over his head. His signal for recommencing work was the receipt of provisions, dropped by his accomplices, in the night, through a grate. He was sometimes exposed to serious danger from the springing of water; and his bed was earth, which was often damp. His food was mostly bread, butter, and cheese, and, with the exception of one bottle of wine, water was his only drink. Butter burning in a lamp afforded him light.

“Three days frequently passed without discharging the contents of his bowels.

“The enjoyment of so much health, for so long a time, under such circumstances, was, in part, probably owing to the following causes:—

“1. A strong constitution, inured to hardships in every period of his life.

“2. That constitution suited to the air of Charleston, by a very recent seasoning. He had but just recovered from a severe fever when he entered the drain. Though relapses are not uncommon, yet a new and distinct fever scarcely ever attacks strangers in the same summer in which they receive their first serious impressions from our climate,

“3. The effects of moisture must have been in a great degree parried by his labour, and the moisture itself moderated by the dry sandy nature of the soil through which he had to work, and by the absence of rain; for the first fifty days after his descent, the whole quantity of rain that fell did not amount to two tenths of an inch; and in the last forty was only five inches eight tenths; besides simple moisture, without heat or miasmata, is comparatively harmless.

“4. The absence of several of the exciting causes of diseases. The heat of well water and of the earth a few feet below the surface is generally the same in all countries, as the medium heat on an average of the different seasons in these countries respectively. This, in Charleston, is sixty-five or at most fifty-six on Fahrenheit's thermometer. Withers must have enjoyed a steady unvarying atmosphere of this temperature, while the inhabitants

above ground were panting under a heat of eighty, or distressed with the cold of thirty-three, and subject to all the changes of an atmosphere vibrating from one extreme to the other. It would seem that something in the air of Charleston, which is so destructive to strangers, in the summer and autumn, is too volatile to descend below the surface. Miners and colliers, in all countries, are generally healthy.

"The experiment is not recommended; but it is probable that a subterranean residence might be so constructed as to afford security against our local diseases.

"The great excitement of Withers's mind, from the prospect of accumulating wealth, must have counteracted the effects that otherwise would naturally have resulted from his situation. The energies of human nature, when in pursuit of a great object, (especially if invigorated with the hope of obtaining it,) are beyond all calculation. The weakly wife, and the tender mother will undergo watchings and fatigues in nursing the objects of their affection far beyond the power of human nature to bear, when in a state of indifference. The high toned state of Withers's mind must have had a decided influence in preserving his health: it is much to be regretted that it was not excited by worthy objects."

ART. IV.—THE SUBSTANCE OF A CLINICAL LECTURE ON CURVATURE OF THE SPINE.

BY FREDERICK HALE THOMSON, ESQ.

Assistant Surgeon to the Westminster Hospital.

(Delivered on Wednesday, April 10, 1839.¹)

The kind of disease which Mr. Thomson had chosen for the theme of his observations this day, belonged, he said, to a class of affections which was in the highest degree worthy the attention of the medical man. Whether we regard the importance of the vertebral column as constituting the most indispensable part of the osseous mechanism which is designed by nature to maintain the form and insure the progression of the human being; or whether we regard it as a bony sheath destined for the protection of an organ, upon the perfect integrity of which depends immediately the safety of the individual,—the seriousness of the consequences that must arise from the occurrence of injury to, or disease in, its structure, will be palpably obvious.

The changes which distortion of the spinal column necessarily produces in the form of the body are so striking, and the causes which create distortion are so general in all states of society, that this class of maladies must have attracted attention in the earliest times. We accordingly find that Hippocrates and Galen refer, in their works, to "curvature of the spine" as an affection familiar to the most casual observer.¹ It is only within the last *fifty years*, however, that the attention of surgeons has been particularly directed to the subject. Mr. Pott, in particular, wrote a treatise, which became very celebrated, on one class of spinal distortions, namely, Posterior Curvature, connected with, or arising from, diseased structure.

The affections of the spinal chord, Mr. Thomson said, might be conveniently divided into two classes:—

1. Those affecting the spinal marrow; and

¹ Lancet, April 20, 1839, p. 132.

² Hippocrates relates a case of paralysis of the lower extremities which was cured by an abscess in the back. He calls it a case of "useless limbs," attended by curvature of the spine.

2. Those implicating the bony structure and intervertebral substance alone.

The first class, which had been most ably treated by M. Olivier and Sir Benjamin Brodie, he should defer to a future series of clinical demonstrations; the present series he intended to devote to the second class, which involved the bony sheath of the medulla spinalis.

It was singular that the remedies prescribed by Galen for distorted vertebral column should be the same in principle as the most approved remedies for the disease adopted in the present day. Quiescence, recumbency, and counter-irritants constituted the staple of Galen's treatment. During the period that had elapsed since the time of that physician the treatment of these diseases had been purely empirical. It had not been fixed upon the true principles of physiology and pathology. If a practitioner now and then hit upon a successful method of treating any one of the varieties of spinal disease, it was a mere accident of the time, and the facts elicited were not generalised, but perished with the individual.

Of three hundred cases which occurred in Mr. Thomson's private practice, of which he had taken accurate notes, the following is a correct distribution:—

Cases of curvature to the right side, without disorganisation of structure	240
Cases of curvature to the left side, without disorganisation of structure	12
Cases of posterior curvature <i>with</i> disorganisation	34
Cases of posterior curvature <i>without</i> disorganisation	11
Cases of incurvation	3

Total 300

Various deductions might be made from this tabular statement. From an examination of his case-book it appears that all these cases belonged to the middle or upper classes of society. Among the poorer classes these affections are much more rare. Cases of the kind are consequently not of such frequent occurrence in hospital practice, and when they do occur, they are generally very far advanced, the first stage of the malady having been overlooked by the improvident patients or their unobservant friends. The great predominance of cases of curvature from side to side to those in which the curvature occurs in the antero-posterior direction, is worthy of observation,—the number of the former being 252, while that of the latter is only 45. Of this difference Mr. Thomson said he was not aware that any rational solution could be given. It is likewise worth observing that the number of distortions unattended with disorganisation is 263, whilst the number of those accompanied with altered structure is 37.

The posterior curvature of course varies greatly in degree, according to the extent of the atrophy or absorption of the normal structure; the constitutional causes, however, appear to be the same in all cases. These are defective nutrition, direct or indirect, viz., deficiency of food, or the functions of the stomach being impaired by excess of aliment, most commonly the latter; and disease of the bony structure, either originating in violence or scrofulous inflammation of the cartilage, or ligamentous structure of the vertebral column. Such affections are usually preceded by pain; nevertheless cases may occasionally be met with in which the intervertebral substance, and even the bodies of the vertebræ themselves are absorbed without the usual symptoms of pain being manifest. Mr. Thomson particularly alluded to some cases that had occurred in the hospital, in which portions of the outer table of the cranium had been absorbed, without pain being felt in the part. If, therefore, (he argued) this took place in one part of the bony structure, it might be conceded as likely to be exemplified in others.

Of the 37 cases of distortion of the vertebral column, the result of disorganisation, occurring among the 300 cases which he had particularly recorded, 34 were examples of posterior curvature, and three were instances of incurvation.

Incurvation the lecturer defined to be a projection of the lumbar vertebræ within the pelvis. This was attended with a peculiar waddling gait, and was generally a sequel of paralysis. Its most striking effect was the simultaneous shortening of the body. In the case of a gentleman, 40 years of age, now under the care of Mr. T., a loss of six inches in the height of the body had been sustained from incurvation of the lower dorsal and lumbar vertebræ.

That to which Mr. Thomson more particularly desired this day to invite the attention of the students, was that species of spinal disease described by Pott, and known as the curvature backwards (that is, the convexity being backwards), attended with altered structure or atrophy. The mode of diagnosing diseases of the spine was fortunately not very complex. It was his practice to strip the patient to the skin, and to make him stand upright. He then takes a view of the general contour of the body. After this *coup d'œil* he desires the patient to make no audible complaint if pained, and draws his index finger in a line extending from the last of the cervical vertebræ to the sacrum, making steady pressure all the while. During this procedure he carefully observes if the patient winces, and at what point in the described line the wincing is excited. Finally, he strikes with a moderate force the spinous process of each vertebræ. If one or more are affected, a dull pain is occasioned in the part, which lasts for a time. The presence or absence of this pain, taken in relation with the excitement or non-excitement of the wincing, constitutes an unerring criterion of the existence of disease in the part, or the contrary.

Mr. Thomson stated that Mr. Copeland and Sir Astley Cooper, whose opinions are entitled to high respect, had recommended certain means of diagnosis in the diseases of the vertebræ, but he could not concur in the recommendation. The plan suggested by Mr. Copeland, passing a sponge, dipped in hot water, from the top to the bottom of the spine, he (Mr. T.) thought particularly delusive, as it would often make the patient wince when there existed no local disorganisation or inflammation whatever. Some surgeons recommended that the patient should be made to bend forward, in which case a greater space would be made to appear between the spinous processes of the affected vertebræ than between those of the sound ones; but Mr. Thomson is of opinion that this proceeding is not only useless, but even injurious; for a careful pursuance of the plan which he had pointed out would remove all doubts as to the nature of the malady, and the moving and bending of the spine, as suggested, would necessarily injure the parts implicated in the motion.

"Pott's curvature" occurred most frequently at an early age, he should say chiefly under the age of nine. He had, however, known instances of the disease being developed at forty and sixty years of age. It is often concomitant in children with *mollities ossium*, or rickets, and in such concurrences it might, of course, be considered as an index of a scrofulous diathesis. In fact, the occurrence of the posterior curvature in a child afforded a strong presumption, before an examination was instituted, not only that the child was scrofulous, but also that the curve was the result of organic lesion.

Seldom less than two of the vertebræ and the intermediate intervertebral substance were affected in "Pott's disease." The substance of these bodies became absorbed, the direction of the spinal canal became altered, and the posterior processes formed an acute angle, the abrupt prominence of which, when the disease was of long standing, afforded an index of its nature.

In children, Mr. Thomson stated, the diagnosis was made more difficult by their inability to point out the nature or the exact seat of the pain; a careful and connected scanning of the symptoms, however, would afford adequate criteria for the solution of every diagnostic difficulty. One circumstance was particularly remarkable in these cases, the concomitance of emaciation of the leg and nates of *one* side, a fact of which no sound explanation had as yet been given.

Immense mischief had been done by neglecting physiological principles in the treatment of all distortions of the spine, but most particularly in the kind under immediate consideration. Various machines had been invented for the treatment of spine affections, and dynamic principles had alone been consulted in their construction. It will be obvious to the well-educated practitioner, that no plan can be successful which does not act through the medium of the patient's constitution. The first step of the treatment would, therefore, be, to improve the patient's general health. To this end, the diet must be strictly regulated; nutritive animal food must be given in moderate quantity, and must form the *noyau* of his aliment. The remainder of his food must be farinaceous. No stimulants, no vegetables, whether salads or pot-herbs, no pastry or confectionary were to be permitted. Nothing but what is simple and easily digested should be taken as food. The primæ viæ should be unloaded by means of mild laxatives, and a combination of the hydr. c. creta with rhubarb would be found to be an excellent alterative for children. Hand-in-hand with this constitutional treatment should proceed the local medication. The patient should be made carefully to eschew the vertical posture. He should be kept flat on his back, and lie on a hair mattress. The best mode of applying counter-irritation is to smear with a camel-hair brush the tincture of iodine, in strips, over the skin, on each side of the affected portion of the spine. This excites a temporary inflammation, which subsiding leaves a furfuraceous state of the skin. This application may be repeated daily. This system, if carefully pursued for six months, will perfectly remove the active disease, and restore the patient's locomotive functions. Mr. Thomson puts no faith in collars, backboards, stays, "spinal supports," &c. These means are worse than useless. No plan of treatment has any chance of success which is not based on the *vis medicatrix nature*.

The lecturer was attending a case in the borough along with a most respectable practitioner in that quarter of the town. The patient was the son of a tradesman, and had been subjected to every variety of the mechanical treatment without experiencing any improvement. He had used what is called the "prone couch" for several months. This is a species of bed, on which the patient lies prone, supporting his trunk upon it, and allowing his extremities to hang down. He (Mr. Thomson) had now subjected him for three months to the treatment which he had just described, and the boy had improved amazingly. The patient was about four years old, and in six months from the first adoption of the plan, Mr. Thomson had no doubt that he would be quite well.

Mr. Thomson again alluded to the greater severity of the cases of this kind which are to be met with in hospital practice, and related a case which had been treated in the Westminster Hospital, where the cervical vertebræ were the seat of disease. An abscess was formed which penetrated the posterior parietes of the thorax, but the patient died suddenly, from inducing pressure on the spinal chord. In rising to take his food he turned his head suddenly, dislocation of the diseased vertebræ was the result, and immediate death from pressure. This case led the lecturer to deliver some judicious cautions as to the examination of injuries and diseases of the vertebral column.

In conclusion, Mr. Thomson dwell upon the great frequency of the lateral sigmoid curvature of the spine, which is accompanied by two essential circumstances, debility of the muscular fibre, and compression, if not atrophy, of the intervertebral substance. This numerous class of distortions will constitute the subject of his next lecture.

BIBLIOGRAPHICAL NOTICES.

Report of the Pennsylvania Hospital.

We extract from the published report of this excellent charity, which since its first establishment has extended its benefits to nearly 35,000 persons, the following table of cases treated within the last twelve months.

Abstract of the Cases of 1186 Patients treated in the Pennsylvania Hospital in the year ending 4th mo. 27th, 1839.

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or at their request	Discharged for mis- conduct.	Eloped.	Died.	Remain.	Total.
ACCIDENTAL INJURIES, viz.								
Burns	7	2	0	0	0	5	0	14
Contusions and wounds	79	11	4	0	0	9	6	109
Coup de soleil	0	0	0	0	0	1	0	1
Dislocations	12	0	0	0	0	0	0	12
Fractures	75	9	5	0	1	24	12	126
Frosted	2	1	0	0	0	1	1	5
Gun-shot wounds	3	0	0	0	0	1	0	4
Poisoned	1	0	0	0	0	1	0	2
Sprains	14	0	0	0	0	0	1	15
DISEASES OF THE CHEST AND RES- PIRATORY ORGANS.								
Asthma	1	1	0	0	0	0	0	2
Bronchitis	3	3	0	0	0	0	1	7
Catarrh	8	1	1	0	0	0	1	11
Emphysema	0	1	0	0	0	0	0	1
Hæmoptysis	5	0	0	0	0	0	0	5
Laryngitis	1	1	0	0	0	0	0	2
Phthisis pulmonalis	0	1	1	0	0	8	1	11
Pneumonia	5	1	0	0	0	0	2	8
Pleurisy	1	1	1	0	0	1	1	5
Diseases of the heart	4	0	0	0	0	0	4	8
DISEASES OF ABDOMINAL VISCERA.								
Colic	1	0	0	0	0	0	0	1
Constipation	0	0	0	0	0	1	1	2
Diarrhœa	4	1	1	0	0	0	3	9
Dysentery	14	0	1	0	0	2	0	17
Enlarged spleen	1	1	0	0	0	0	0	2
Fistula	2	1	0	0	0	0	1	4
Gastritis	6	3	0	0	0	0	0	9
Hernia	0	3	0	0	0	0	0	3
" strangulated	2	0	0	0	0	0	0	2
Hæmorrhoids	2	0	0	0	0	0	0	2
Hæmatemesis	1	0	0	0	0	0	0	1
Hepatitis	0	0	1	0	0	0	2	3
Dyspepsia	3	0	0	0	0	0	0	3

ADMITTED FOR	Cured.	Relieved	Removed by friends, or at their request.	Discharged for mis- conduct.	Eloped.	Died.	Remain.	Total.
DISEASES OF GENERATIVE AND URINARY ORGANS.								
Diseased uterus and vagina . . .	1	1	0	0	0	0	3	5
" bladder and urethra . . .	1	4	0	0	0	0	0	5
" testes and penis . . .	11	2	2	0	0	0	1	17
Irregular catamenia . . .	8	1	1	0	0	0	2	12
Nephritis . . .	1	1	0	0	0	0	0	2
Stone in the bladder . . .	3	0	1	0	0	1	2	7
Syphilis . . .	36	10	3	0	0	1	12	62
Gonorrhœa . . .	5	0	0	0	0	0	0	5
DISEASES OF THE BONES.								
Caries and necrosis . . .	1	2	1	0	0	0	1	5
Diseased joints . . .	2	1	1	1	0	0	4	9
" spine . . .	0	1	1	0	0	0	2	4
Periostitis . . .	0	0	0	0	0	0	1	1
DISEASES OF THE SKIN.								
Erysipelas . . .	5	0	0	0	0	0	0	5
Eruptions . . .	13	0	1	0	0	0	2	16
Psoriasis . . .	2	1	0	0	0	0	1	4
Tinea capitis . . .	0	1	0	0	0	0	0	1
DISEASES OF THE NERVOUS SYSTEM.								
Cephalalgia . . .	6	1	1	0	0	0	0	8
Chorea . . .	1	0	1	0	0	0	1	3
Convulsions . . .	2	0	0	0	0	0	0	2
Epilepsy . . .	0	1	0	0	0	0	0	1
Neuralgia . . .	1	0	1	0	0	0	0	2
Paralysis . . .	6	5	0	0	0	2	0	13
DISEASES OF THE SANGUINEOUS SYSTEM.								
Aneurism . . .	1	0	0	0	0	0	0	1
Apoplexy . . .	0	0	0	0	0	0	0	1
Icterus . . .	1	0	0	0	0	0	0	1
Inflammations . . .	15	0	0	2	0	0	1	18
FEVERS								
" Bilious . . .	3	0	0	0	0	0	0	3
" Intermittent . . .	12	2	0	0	0	0	2	16
" Remittent . . .	16	0	1	0	0	1	0	18
" Typhus . . .	2	0	0	0	0	0	0	2
" Typhoid . . .	1	0	0	0	0	0	0	1
Small pox . . .	2	0	0	0	0	0	0	2
MISCELLANEOUS CASES.								
Abscess . . .	7	1	0	0	0	0	0	8
Cancer . . .	2	0	2	0	0	0	0	4
Clavus . . .	0	0	0	0	0	0	1	1
Deafness . . .	1	1	0	0	0	0	0	2
Diseased eyes . . .	22	7	5	1	0	0	4	39
Dropsy . . .	9	2	0	0	0	4	2	17
Debility . . .	2	0	0	0	0	0	1	3

ADMITTED FOR.	Cured.	Relieved.	Removed by friends or by their request.	Discharged for misconduct.	Eloped.	Died.	Remain.	Total.
Gangrene	0	0	0	0	0	1	0	1
Hare lip	1	0	0	0	0	0	0	1
Paronychia	4	2	0	0	0	0	1	7
Rheumatism	8	8	1	0	0	0	8	65
Scirrhous parotid	1	0	0	0	0	0	0	1
Scrofula	1	1	1	0	0	0	0	3
Tumour	3	0	1	0	0	1	2	7
Ulcer	36	6	3	0	0	0	5	50
Insanity	17	11	23	0	1	11	106	169
Mania a potu	22	0	0	0	0	3	0	25
	612	116	67	4	2	84	202	1087
LYING-IN WARD.								
Women safely delivered	36	0	0	6	0	0	2	44
Infants removed in health	35	0	0	0	0	1	1	37
			73	4		85	205	1168

Professor Gross's Pathological Anatomy.

We are gratified to learn that Professor Gross, of Cincinnati, will issue, in the course of the summer, a work on pathological anatomy, with numerous illustrations. We have been favoured with a sight of the manuscript, and are much pleased with the plan and execution of the work. Professor Gross has ample talents; his experience has been great, and his acquaintance with the labours of his brother pathologists at home and abroad is extensive.

We have no doubt that such a production from so able a source will be highly appreciated by the profession.

Report of the Eastern State Penitentiary.¹

We notice this report chiefly for the purpose of alluding to a misapprehension, which has arisen, in the minds of some, in regard to a term employed by Dr. Darrach—the medical attendant upon the establishment—and which has given rise to a correspondence in the last report of the Prison Discipline Society.²

Dr. Darrach exhibits that cases of dementia—meaning the acute dementia of Esquirol—are susceptible of cure, and are cured under his agency; whilst others, defining dementia to be a state of amentia, or mental defect, regard it to be incurable. The whole difference, as in many cases of more angry disputation, consists in definition.

¹ Tenth Annual Report of the Inspectors of the Eastern State Penitentiary of Pennsylvania. Read in Senate and House of Representatives, Feb. 19, 1839.

² Thirteenth Annual Report of the Board of Managers of the Prison Discipline Society. Boston, p. 236. Boston, 1838.

Dr. T. J. White on the Effects of Intemperance.

We have been favoured with a copy of this address which was recently delivered before the St. Louis Total Abstinence Society; and although we may not perhaps go so far as the author in his estimate of the physical evils induced by the use of alcoholic liquors; the mischiefs are so great that we are delighted at any effort to arrest them.

The address comes to us from an old acquaintance in the west—one of our earliest and most attentive pupils in the University of Virginia, of which noble institution he is a medical graduate; and it has afforded us no little satisfaction to learn that his professional qualifications have been duly estimated in the flourishing community in which he has settled.

 MISCELLANEOUS NOTICES.

Malaria in Ireland.—[We have often referred in the pages of this journal, as well as elsewhere,¹ to the unsatisfactory nature of the evidence, that vegetable decomposition is the source of malaria, and in this term we would include not simply the emanations which give rise to intermittent and remittent fever, but to pellagra, beriberi, elephantiasis, bronchocele, and other diseases that are unquestionably connected with locality. The following communication adds another to the many facts on record, of every circumstance connected with vegetable life and decomposition being apparently present to give rise to malaria; yet inasmuch as the locality itself was not malarious, the presence of the “fitful pest” was not evidenced.—*Ed.*]

*To the Editor of The Lancet.*²

Sir,—I was not a little surprised that the interesting subject of malaria, so long and so ably discussed at the Westminster Medical Society, should come to a conclusion without once referring to Ireland and its extensive bogs. If decomposed vegetable matter, as it is usually supposed, be the cause of malaria, surely it is there we must look for it in the greatest abundance. But what is the fact? Why, that intermittent fevers are almost, if not wholly, unknown there. I allude most particularly to the bog of Allen. It must be admitted that the Irish peasantry are constantly exposed to miasma (if such existed), for they are obliged, for the sake of fuel, to live as near as possible to these bogs; and, indeed, in many instances, huts are built in the midst of them. Notwithstanding all such predisposing causes, ague is rarely, if ever, known there. One strong proof of its non-existence is, that it is almost a proverb with the poor people who come over to England during harvest time, that they are sure to get the ague before they return. Still, *typhus fever, in its severest form, is not an uncommon occurrence.* So much for Ireland. Now for Wales, or, rather, the small town of Towyu, in Merionetshire, containing about 500 inhabitants, where I believe I shall not be far wrong if I say a third of the inhabitants are annually attacked with ague. To all external appearances the ground upon which this town is built and the borders of the bog of Allen are alike; certainly, the turfs dug from each, as far as I am capable of judging, are

¹ See, especially, the editor's *Elements of Hygiene*. Philad. 1835.

² *Lancet*, April 20, 1839, p. 111.

identical. The fifteen years that I lived in Towyu I suffered from six attacks of ague, and those within the last ten years; since I left I never had the slightest symptom of it. Here the first attack comes on, generally, about the age of five or six years, and, in spite of all treatment, continues, on an average, four months; during the three spring months the disease is by far the most prevalent: it rarely proves fatal. The first attack I had, I understand, lasted nine months; afterwards three weeks or a month was the outside of its duration; and, in the majority of cases it got milder and milder every year, so that at last you got, as it were, acclimated, and, instead of an attack of ague, you merely felt a slight indisposition. *Here typhus, or, indeed, any continued fevers, are of very rare occurrence.*

Dr. Chowne, and many others, are of opinion that the causes of intermittent, remittent, and continued fevers, are identical; the above facts, will, at all events, go some way towards dispelling such opinion. If you consider the above worthy of a place in your valuable journal, I shall feel obliged by its early insertion. I remain, Sir, your humble servant,

J. JONES.

1, Dalston-terrace, Dalston,
March 20, 1839.

Granville's Counter-irritant Applications.—A writer in a recent number of the Boston Medical and Surgical Journal,¹ enquires whether any physicians of the United States are known to have made trial of Granville's plan of counter-irritation; and if so, what have been the results? In reply, we may say, that it has been extensively employed in Philadelphia, both in public and in private, and in many cases has been productive of that relief which a sudden and powerful revellent is capable of accomplishing in neuralgic and congenerous affections. To this subject we shall probably have to revert.

*Medical Jurisprudence.*²—The determination of the period since which a fire-arm may have been discharged is a point of much importance in medical jurisprudence, and evidently applicable to various cases of homicide, wounds, &c. The question has recently been examined with much care by M. Boutigny, who has ascertained by numerous experiments, that we can indicate very closely the period at which a fire-arm has been discharged. It may, however, be objected that as the barrel of a gun may be easily washed, all traces by which the medical jurist is guided may thus be obliterated. M. Boutigny has provided against this objection, or rather determined the characters by which it may be known whether a gun-barrel has been recently washed or not. The author has discovered that the iron of a gun-barrel does not become oxidised for a considerable time, whenever the interior of the barrel has been lined, as it were, with the residue of the combustion of powder; and even when oxidisation does take place, the traces escape the naked eye, because the oxide is gradually dissolved in the acid of the sulphate of potash, or in that resulting from the oxidation of the sulphuret of potassium. Hence it follows that the wadding of the gun will present certain differences, according as the gun may or may not have been washed before having been charged.

We must refer the reader to the original article ("Ann. d'Hyg. et de Méd. Legal.," January, 1839), for an account of the experiments of the author, whose conclusions only we here insert.

The wadding of a gun which has been reloaded without having been washed, presents a grayish-black tinge; but if the gun have been cleaned the

¹ May 29, 1839, p. 251.

² Lancet.

wadding is of an ochre or deep-reddish colour. However, when a gun has been charged immediately after having been washed, and the wadding is examined a few hours afterwards, the colour is then found to be a greenish-yellow, which passes rapidly to a brown-red, when exposed to the action of the air and atmospheric moisture. If to the preceding characters we add those which are derived from the absence or presence of sulphuric acid, we may conclude to a certainty that the gun has been cleaned or not, before it has been charged. In order to render the materials which are to be submitted to the medical jurist available, certain precautions must be taken by the magistrates or police authorities into whose hands the suspected arms may, in the first instance, fall. The muzzle of the gun should be closed with a paper wadding, and then covered over with some paper, to which an official seal should be attached. The same precaution should be employed with respect to the lock of the gun, whether it be a flint or percussion one.—*Arch. Gén. de Méd.*, Feb. 1839.

Case of Tetanus, with Trismus, successfully treated. By Dr. SPÖRER.—Gustav Gustavson, æt. 24, a coachman, of robust make, was admitted into the Marine Hospital, December 11, 1831. On December 5th, when raising a heavy water-tub, he experienced a severe pain, extending from the scrobiculus cordis to the umbilicus, and the whole length of the back from the upper cervical to the lower lumbar region: this was succeeded by trismus. Having submitted to the action of the hot-air bath, which produced copious perspiration, and the application of eight cupping-glasses, to the neck and back, he was so far relieved as to be enabled on the same evening to resume his usual occupation of driving. During the night he experienced occasional and slight attacks of both trismus and tetanus; which, however, ceased after a further profuse perspiration on the following morning. During the succeeding day his avocation subjected him again to long exposure in the cold air, in consequence of which he was several times attacked by opisthotonos whilst seated on his coach-box. On December 7th the symptoms became much aggravated, and he was then (at home) bled to a pound, and twenty leeches applied to the abdomen; a warm bath and frictions to the back were also employed, and some internal remedies exhibited, with the effect of again procuring mitigation of the symptoms: but, on the morning of his admittance into the hospital (11th), all the former symptoms had recurred with increased violence, accompanied by severe spasm of the dorsal, thoracic, and abdominal muscles; his face was distorted, his teeth clenched and grinding; the head and body curved backwards, and the belly drawn inwards and as unyielding as a board; pulse 88, small, and contracted; respiration short and gasping; bowels constipated during two days. As inflammation of the theca vertebralis was presumed to be the proximate cause of this attack, the following treatment was adopted: twenty leeches were applied along the course of the vertebral column, and the patient afterwards placed in a warm soap-bath; a powder, of cal. gr. vj. cum rad. jalap. ʒj., was administered, being passed through the intervals between the teeth; and, as no action of the bowels followed this before evening, it was repeated, and injections employed until at last two copious and fetid evacuations were procured.

On the following day (December 12th), the attacks were more rare, but still severe: he was ordered to take cal. gr. j. sextis horis, and the cupping to the epigastrium and between the shoulders was repeated. On the 13th, he had passed a quieter night, and had perspired less copiously: this was, however, succeeded during the day by several sharp attacks of spasm, and the trismus continued unabated. Dry cupping-glasses were then applied along the sides of the spinal column, and to the upper part of the abdomen; frictions were again employed, and the affected parts enveloped in oiled flannels. On the two following days (14th and 15th), the symptoms became materially alleviated, and the calomel was then omitted. Between the 16th

and 18th, the opisthotonos subsided: the trismus, with some spasm of the scapular muscles, continued, but in a milder form.

After this report the secretions gradually resumed a healthy character, and by January 10th all muscular spasm had ceased, and he was discharged well.

In comparing the earlier and later treatment, Dr. Spörer takes occasion to give it as his opinion that, in the present instance, the employment of the dry cupping-glasses, oily frictions, and frequent employment of the warm soap-bath, materially aided in procuring a successful result to the case.—*Zeitschrift für die gesammte Medicin*. Band vi. Heft 1. And *Br. and For. Med. Rev.* April, 1839.

Case of Fatal Inflammation of the Vermiform Process. By Dr. BIESKE.—L. H. aged twenty, tall, but of robust constitution, and previously in the enjoyment of good health, complained of being sick and uncomfortable on the evening of the 2d September. In the early part of the day he had been in excellent spirits, and had taken a hearty dinner. On the 3d he complained of want of appetite, weariness, pains in the limbs, and a slight pain in a circumscribed spot, of about three inches in diameter, in the right iliac region, which was somewhat increased by pressure. The tongue was coated, and the pulse rather frequent. The disease was considered as a slight febrile attack, eight leeches were applied to the painful part, and a dose of acetate of potash given internally. In the evening the pain was removed, and the patient appeared to be doing well. An emulsion of castor oil with laurel water was given to open the bowels. The condition of the patient remained much the same during the 4th; on the 5th he was more restless, and complained of a return of the pain in the side, which was again removed by the application of leeches. In the evening there were still no unfavourable symptoms, but on the morning of the 6th matters had assumed a different aspect; the pulse could scarcely be counted, was small, hard, and wiry, the abdomen tense and tympanitic, but not painful; the face collapsed, and the extremities cold. The patient was immediately bled, but his weakness prevented more than two cups of blood being taken. In spite of a variety of remedies, his state went on from bad to worse, and he expired at 1 o'clock on the morning of the 7th.

On dissection, the processus vermiformis was found in a state of mortification, and a concretion, about the size of a large coffee berry, the probable cause of the disease, was found impacted in it. A section of the concretion showed its nucleus to be formed by the stone of a grape.—*Rust's Magazin für die gesammte Heilkunde*. Vol. lii. Part 2. And *Br. and For. Med. Rev.* April, 1839.

Fricke and Oppenheim's Journal.—The last number of this valuable periodical, which we have received,¹ contains abstracts of cases, &c. by Dr. Posey, Dr. E. A. Anderson, Dr. Vedder, and Drs. Purdie and Annan, published at different times in the "Intelligencer."

BOOKS RECEIVED.

From the Author.—On Scarlatina, in a letter addressed to his son. By William Ingalls, M. D., MM. S. Soc. &c. Second edition, with an appendix. 8vo. pp. 40. Boston, 1839.

From the Author.—Address of Dr. T. J. White, before the St. Louis Total Abstinence Society. (In the St. Louis Commercial Bulletin, May 15, 1839.)

¹ *Zeitschrift für die gesammte Medicin u. s. w.* May, 1839.

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No. 7.

ART. I.—ON ALBUMINURIA.

BY THE EDITOR.

The disease of Bright—*Morbus Brightii*, or *Maladie de Bright*, as it is termed, on the continent of Europe—has attracted much attention of late; and some of the best monographs on the subject have been reprinted in the pages of the "Library" department. By many it is supposed that the presence of albumen in the urine is a certain indication of that disease, which consists—as is now well known—in a granular degeneration of the cortical or secretory portion of the kidney. By others, however, albumen has been met with in the urine, where there was no reason whatever to believe in the existence of renal mischief. In Dr. Christison's excellent work "*On Granular Degeneration of the Kidneys*"—reprinted in this year of the Library—the author refers to the views of various writers—Messrs. Osborne, Rayer, Solon, and Forget—on this subject, and expresses his own opinion, that "although coagulability may be observed without granular disorganisation of the kidneys, the occurrence is very rare."

To arrive at still more satisfactory information on this head, we instituted experiments on the urine of different patients in the wards of the Blockley Hospital, and intend to pursue the investigations hereafter. The following note by Dr. McKee—one of the senior resident physicians—exhibits the results of one series of experiments.

Philadelphia Hospital, June 6th, 1839.

Dr. Dunglison requested that the urine of the patients might be preserved on the morning of his next visit. Accordingly eleven cases were selected: out of that number there were of

Dysentery	2
Bronchitis	2
Phthisis pulmonalis	2
Pleuritis	2
Ascites	1
Hypertrophy of heart	1
Purpura	1

Total 11

Each individual's urine was tested separately, and but two found to produce a coagulum by heat, and an albuminous precipitate with nitric acid. These two were dysentery.

McKEE, M. D.

The only two cases, it will be observed, in which the urine was albuminous, were dysentery, and in both the quantity of albumen was considerable. In neither case was there the slightest reason to suspect renal disease.

Since these examinations were made, we have received the *Gazette Médicale de Paris* for February, 1839, in which we find some remarks by M. Toulmouche, of Rennes, "On the Uncertainty of the Diagnostic Signs of Albuminuria." He details two cases of albuminous urine. In both, the urinary membrane of the bowels was affected; in the one there was "chronic enteritis with ulceration;" in the other "ulcerations and tubercles in the jejunum and ileum, with larger ulcerations in the cæcum and colon." In the latter patient, however, there was the first stage of the morbus Brightii.

So far, then, as these few cases go, they would seem to favour the idea, that albuminuria may be connected with other morbid conditions than granulation of the kidneys, and especially, perhaps, with eso-enteritis or inflammation of the lining membrane of the bowels. The results, thus far obtained, will at least encourage investigation in this direction.

M. Toulmouche affirms, that he has often met with albumen in the urine of patients labouring under dropsy, without the kidneys being affected. "The product of their secretion," he observes, "had alone been modified, without any change in their size, consistence, or colour." "Perhaps," he adds, "this might have supervened, if—as Valentin thinks—the alteration of the urinary secretion ultimately induces the morbid condition, discovered by the English physician."

In a case which recently fell under our care, and in which enlargement of the liver had given rise to ascites, and general loss of balance between the exhalants and absorbents; the urine was distinctly and largely albuminous; the degeneration of the kidney was, however, but in its incipient stage,¹ and death occurred from the lesions of other organs.

ART. II.—LECTURE ON THE VENEREAL DISEASE.

Delivered at the Aldersgate School of Medicine, March 1839,

BY F. C. SKEY, F. R. S. &c.²

There is a long history appended to the venereal disease, into which, however, I shall not enter unnecessarily. The general belief prevails, that the venereal disease was unknown in Europe before the close of the fifteenth century. In the year 1494, it is reported by the Spanish historians of that date to have been introduced into the peninsula from St. Domingo, and other islands of the West Indies, by the Spanish sailors who attended Christopher Columbus and his brother Bartholomew, in their several expeditions of discovery; that it was communicated to the French troops at Naples by the Spaniards, and was by them conveyed to France, and named the "morbus Gallicus," previous to which it was well known in Spain under the name of "las bubas" (whence possibly our name bubo). The glory attendant on

¹ See Christison, Op. citat. Lect. 1.

² London Med. Gazette, May 11, 1839, p. 229.

the successful issue of the French expedition, for a time reconciled the people to the opprobrious name of their new acquisition, though they ere long became captious and sensitive to the indignity; they named it, and not unreasonably, "le mal de Naples." As it extended through the various countries of Europe and Western Asia, it took invariably the name of the country through which it travelled. The English called it the French disease, as did the Germans; the Poles knew it under the designation of the disease of the Germans; the Russians, the disease of the Poles; the Persians and Turks, as the disease of the Franks. "At length," says Astruc, "the French physicians became ashamed of the infamy which was grown so common, and thought themselves engaged to throw off the scandal which had been unjustly thrown on their country, and by common consent it was named the venereal disease."

The venereal disease, naturally acquired, may exhibit itself in three distinct primary forms:—

1st. As a discharge of purulent matter from the urethra.

2d. As an ulcer. And—

3d. As an induration of the subcutaneous or submuco-cutaneous cellular membrane, succeeded by ulceration.

Of these, the two former are of most frequent occurrence.

Besides these, the genital organs are the seat of sundry varieties of disease strongly resembling the venereal, from which it is often most difficult to distinguish them.

Before I proceed to the immediate subject of the disease itself, I wish to introduce some points of interest for your attentive consideration.

It is a common opinion that the form of the affection developed by sexual intercourse, corresponds with that of the party by, or from whom, it has been produced; and also, that this disease is the product of a specific poison. There is, as it appears to me, abundant evidence to the contrary; to prove which, I need not, for my own satisfaction, travel out of the record of my own recollection. One of the most credible authors on this subject, an army surgeon, states, "I have been present at the public examination of 200 women of the town, and most frequented by soldiers, and not one case of disease was found; nevertheless, the hospitals continued to have the usual number of venereal cases. Subsequently 100 were examined, and only two were diseased; and the author most justly remarks, "It is impossible that these two women could have infected the whole garrison"—an opinion that I presume will admit of no altercation.

Now, either the disease in these women existed beyond the surface exposed—a supposition at variance with every day's experience—or the above facts are false; or the diseases under which these men were labouring, were spontaneous, or at least self-generated; and if self-generated, I do not see why I am compelled to place an unqualified faith in the history given by Astruc and others, of the introduction of the venereal disease in the fifteenth century, because if these maladies be susceptible of an origin independent of specific contagion, it is clear that they may have been similarly produced at any period in history.

The term self-generated (I will not say spontaneous, for that is still more objectionable) expresses something short of the idea I wish to convey. I mean that, in a certain condition of constitution, the elements of a poison lie dormant, which may be developed by the action of a simple irritant, and that that irritant may exist in the form of any apparently simple, but unhealthy exciting cause in the female, such as leucorrhœa, menstrual fluid, or indeed any impure secretion of a puriform character; and may also be developed by mechanical irritation.

I do not say that the venereal disease is invariably propagated by these means, because there is plenty of experience to the contrary; but looking, first, to the frequency of disease, whether ulcerative or catarrhal, obtained by intercourse with women, without ground for suspicion of disease; se-

condly, to the liability of each individual to the formation of the same description of sore (one man, says Mr. Evans, will have a succession of attacks of gonorrhœa, another of simple venereal sores, which, in a third, as invariably assume a phagedænic character); and thirdly, to the existence of a form of ulcer (the true syphilitic,) which is characterised by induration, often even without abrasion of the surface; looking to these and various other minor grounds for this belief, I cannot myself entertain a doubt but that primary venereal disease of each and every kind may be developed after sexual intercourse, without the presence of venereal disease in the female of any kind. One of the worst cases of gonorrhœa I ever prescribed for occurred in the person of a youth who seduced a young lady residing in the same house. There was not up to that event the slightest ground of suspicion against her, but, on the contrary, every confirming circumstance of her previous purity; and, as regards the youth himself, it was notorious in his family circle that he had never sinned."

I may be told that his disease *resembled* gonorrhœa. I assert that it was gonorrhœa; and if profuse discharge, first of pus and then of blood, great ardor urinæ, severe chordee, irritation of the bladder, constitutional fever, the product of the local cause, a persistence in the above symptoms during a period of two months, and a gleety discharge occupying two months longer, if such be not a sufficient test of gonorrhœa, it were perfectly absurd to pretend to any power of discrimination; and who can doubt but that this disease was communicable? You will also observe, *that the gentleman alone had the disease, from which the other party was entirely free!* And let me ask, in what respect, however minute, does this disease fall short of gonorrhœa obtained by promiscuous intercourse, and under which circumstances, indeed, I am persuaded it is frequently acquired, where no disease exists.

I had, some months since, under my care, a gentleman who had an excoriation, for which, at the suggestion of his medical attendant, he employed mercury in considerable quantity. The excoriation healed entirely, and the mercury was discontinued. Ten days afterwards, during which interval he had no intercourse with woman, "fair or foul," a phagedænic, and rapidly-extending sore, broke out in the neighbourhood of the former-excoriation, but not upon the original surface. Now this sore (which I saw from its birth, or at least too early to possess the title to a name), when consequent on contagion, appears between three and five days after it. Upwards of a month had elapsed from the date of the former connection, and ten days from the healing of the excoriation. Could this sore, then, be the product of specific poison obtained by contagion? Undoubtedly not. This gentleman had the aspect and the pulse of a remarkably sensitive man; his pulse rose or fell ten or fifteen beats, according to the exciting or tranquillising tendency of the conversation. His appetite was readily disturbed by mental emotion of any kind; his bowels naturally and habitually regular, while his nervous system remained undisturbed, became irregular in a marked degree on any deviation from his daily habits; his face was pallid or flushed half a dozen times during the quarter of an hour of each medical visit. This gentleman had taken mercury to salivation. Can you doubt that his constitution generated its own sore? And yet this identical sore, if not arrested by treatment, would probably lead to secondary disease of the very worst, the most destructive, and the most intractable kind.

There is one obvious and easy mode of disposing of the question, by those who dissent from this view of it; and that is, to question the veracity of the parties involved in the enquiry—to erect in our own minds an arbitrary standard of truth, and to start with the resolution that no testimony shall shake it. If the statement of a guileless patient, applying, under circumstances of great pain and greater apprehension, for our professional aid, do not correspond with these views, we must drive him to confession by any little devices our ingenuity may suggest for its attainment; and in this we

do but follow in the path of other honourable men whose professional sagacity, as it has always appeared to me, is singularly prostituted, in the attempt, by cross-examination, to obtain a confirmation of their party view, and to pervert in a large number of instances the current of truth and justice.

There are few, very few men, whether educated or not, who can stand the test of a minute and searching cross-examination in the presence of many observers. This system may doubtless often tend to expose falsehood, but I have a very strong impression that it does not very frequently promote the cause of truth.

With regard to the malady under consideration, it is a singular fact that disease should exhibit itself in the form of a single sore only. Supposing a woman to be the subject of a primary sore, one would suppose that the secretion of that sore would be diffused pretty generally over the surrounding muco-cutaneous surface of the vagina. Why, then, should this specific virus exhibit its influence by contaminating one spot only, and not various spots? for although we occasionally meet with what are called a *crop of sores*, they are rarely primary, but are the result of contamination from the original affection. It is certainly no very satisfactory solution to be answered that the virus remained in contact with that surface and not with others, because we should suppose each part of the exposed surface subject to the same exciting cause, or by ablution equally placed beyond the pale of its influence. Why, then, should the noxious matter exhibit its baneful consequences on one only? That the presence of a sore does not engage the entire attention of the parts ordinarily the seat of disease, may be inferred from the liability to contamination from a primary sore by the neighbouring parts, as in the matter of a common sore, or the frequent formation of a common sore, or the frequent formation of a common venerola, during the progress of gonorrhœa. This fact appears to me rather to favour the view of the self-generation of sores, although, perhaps, not to any considerable extent, inasmuch as that a large proportion of sores occur on those surfaces of the male organ on which contagious matter would be more likely to be retained after connection.

The difficulty, however, still remains unexplained why we have not generally a plurality of sores, supposing them to be obtained by the application of contagious matter during connection. I have often asked myself the value of all the information that is in being, tending to prove the fallacy of these views. How often during the career of any eminent practitioner has he had opportunities of determining the communication of the same poison from one party to another? Evidence of disease having been communicated is one point, but the identity of that disease in the two parties is another.

And this leads me to another question, perhaps more of pathological than of surgical interest; I mean the extensive question of the plurality of poisons.

Many authorities favour the opinion that there exists not one poison of a specific venereal kind, but several; that each is attended by its own distinct characters and symptoms; and that this holds true not only as regards the primary affection, whatever form it may assume, but also of its constitutional or secondary forms.

The opinion is founded on the belief that a certain uniform series of secondary symptoms is consequent on each distinct form of primary disease. It is strengthened by the dissimilar forms of treatment required for each affection; some being supposed curable by mercury alone, while others yield to simple remedies, in which mercury is not only unnecessary but injurious; one from of poison, again, invariably attacking one structure only, this structure being insusceptible of contamination from others.

The great authority of the present day is Sir R. Carmichael, who has systematised the subject, and divided these morbid poisons into four, which he determines, not by their primary character, but by their remote influence on the constitution in the production of eruptive and other diseases.

Those who entertain the opinion that the whole train of venereal symptoms, both primary and secondary, are the product of the same poison, refer the variety in appearance to the different forms of organisation of the affected parts, and to the modifying influence of health, temperament, and climate. In support of this doctrine, we have sundry modern authors of repute, and for the most part the military surgeons, who have contributed so largely and so valuably to the records of surgery in reference to these maladies.

The advocates of this doctrine dissent from the opinion that a particular form of eruption or sore throat, follows any given character of primary sore, asserting that in one case one form of eruption, whether scaly or pustular—that in another, whether pustular, tubercular, or even two or three intermingled—shall characterise the introduction of the same poison into the constitution.

The admitted existence of a venereal disease prior to the end of the 15th century, may be applied as a conclusive argument in favour of the doctrine of a plurality of poisons, by those who rely on the evidence adduced in favour of the introduction at that date of a *morbus gallicus*; but it must be acknowledged, in relation to the latter disease, that its characters and general symptoms at the present day, supposing the two to be identical, correspond but imperfectly with those detailed by the writers of the 16th century, viz. the date succeeding to that of its supposed introduction; and the question may with great reason be asked, whether this latter disease be now extant? Among other authorities quoted by Astruc in proof of the recent introduction of the venereal disease into Europe, is that of Roderic Diaz, a physician of Seville, in 1550, who says—"It took its origin from the island of Hispaniola, as has been found by long and certain experience; for when that island was discovered by C. Columbus, the disease being infectious was easily communicated to the soldiers, and soon spread throughout the army; and as at the same time that Columbus the admiral arrived, the catholic king, to whom he gave an account of his voyage, resided at Barcelona, immediately the whole city began to be seized with the same disease, which spread itself quite over it." Indeed, the numerous accounts given of it by Spanish, French, and Italian authors, at the date of its importation, characterise it in terms which convey in this day the idea of a disease more offensive and more dreadful than the plague itself. A German author of 1496, three years subsequent to its introduction, says, "it was a disease sent down from the citadel of the immortal gods on the French—a most horrid and terrible prodigy, unheard of, hated, and unknown—a disease repugnant to nature." Again, another German author (1532) speaks of it as "a destructive disease. The poor people that laboured under it were thrown out from human society, and deserted by the physicians. They were obliged to live in the fields and woods."

Gabriel Fallopius says, "there was found the most precious gold, and plenty of it was brought from thence, together with abundance of pearls, but there was also a thorn joined to the rose, and aloes mixed with the honey; for Columbus brought back his vessels laden with the French disease! There, in Hispaniola, the disease is mild, and like the itch among us; but transported, it has become so fierce and so unmerciful as to infect and corrupt the head, eyes, nose, palate, skin, flesh, bones, ligaments, and at last to corrupt the whole bowels."

For myself, I must plead ignorance of this "terrible prodigy." I cannot see the likeness to any form of this disease now extant, and surely it is not very unreasonable to suppose that, with the unhappy victims of its former virulence, it has long since slumbered with the dead.

I doubt not you will concur with me in the belief that this question is surrounded with difficulties of no ordinary kind. We have, on the one hand, the numerous contributions of the authors of the 16th century, who positively declare in the absolute novelty of the disease; all of whom concur in opinion, on the subject of its introduction by Columbus, in the year 1493.

We have, moreover, the authority of Carmichael and Abernethy, and other authors of repute, in favour of the opinion that particular forms of eruption are consequent on certain varieties of primary disease—an opinion with which, to a great extent, I fully concur; while, on the other hand, we have the declaration of Messrs. Guthrie, Hennen, Cooper, and Bacot, that “no peculiar secondary symptoms are seen to follow from peculiar primary sores,” (inferring, I presume, that one and the same poison exists in every form,) and the expressed declaration in favour of the identity of poison in every form of primary venereal affection, by Mr. Travers, Mr. Wallace, and Mr. Colles.

I find primary disease, not however invariably, followed by particular forms or groups of secondary affections, but by no means with the uniformity of order described by Sir R. Carmichael; to whom, however, I think we owe a great debt of gratitude. I cannot reconcile it to my mind to consider a form of primary sore which is under no circumstances the precursor and cause of secondary eruption, identical with another sore, which, unless means be taken to check it, almost necessary leads to sore throat, eruptions on the skin, pains in the bones, and extensive disorganisation of structure; or that a poison causing deposition, as its most striking characteristic, can be identical with another, marked by ulceration merely.

But I shall not dwell on this subject longer, as I do not see that it can lead to any practical results; for whatever be the views taken by the advocates of each opinion, it is probable that the treatment of the diseases in question will be governed only by the symptoms immediately developed by them.

It is highly probably that the venereal poisons, if not identical, are at least not very dissimilar, and that they may be classed under the relationship of modifications of the same poison, owing their distinctions in a greater degree to the constitution generating or communicating them, than to any primary or original property they may possess, in the person of the individual affected; for I am strongly of opinion, that if the germ of what would be deemed a well-marked disease, were communicated throughout a circle (suppose of twenty persons, each of whom should be alone subject to the infection of the person first contaminated,) we should have no difficulty in tracing, within a brief period of time, the extension of venereal affections of each and every description; and that the poison of this one sore, transmitted through a variety of constitutions, would develop itself in one individual under one character, and in another under a totally dissimilar one.

Again, if the variety of sores be the product of totally different poisons, and if they be not greatly modified by the constitution of the person affected, is it not singular that we rarely, perhaps never, see two or more descriptions of sore congregating in the same individual, more especially when we consider the liabilities to contagion, from every form of venereal poison, to which the lower class of prostitutes are exposed; and would it not appear from this that the constitution of the individual exerts a most important influence in determining the form that ultimately exhibits itself?

Mr. Hunter's volume on the Venereal Disease was published in the year 1786; and considering the confused and ill-digested mass of knowledge that prevailed on that subject, up to the period of its publication, we cannot be surprised at the overwhelming influence it acquired, and the profound deference paid to its authority by the surgical world. Its merits are his own; its defects are based on the obscurities of the subject itself, which it is evident no single mind could entirely illumine.

You will think it strange, if, acknowledging as I do, the exalted merit of this production of Mr. Hunter, I express my honest belief that it has been the means of perpetuating more error than any book of authority ever published on a medical subject, but to which the author's high reputation has more contributed than the author himself. Mr. Hunter's book gives general and enlarged views on the history and development of the venereal disease

and of its consequences, but he has passed entirely unnoticed the great variety of primary, as well as secondary diseases, which are incidental to it. Perhaps this is not surprising, when we recollect the important advances which surgical as well as physiological science have made since the publication of his work. However, we have all heard of the Hunterian chancre, the name of which has been in the mouth of every surgical teacher for the last quarter of a century, both British and continental,—a marvellous illustration of the influence of authority.

Probably, then, I shall surprise you if I state most unequivocally, that Mr. Hunter never described a chancre, if by the term described is understood the delineating all the important characters by which it is marked, although in the elaborate work of M. Rayer on Cutaneous Diseases the author has actually delineated one, under the title of the Hunterian chancre. Authors and lecturers delight in referring to the admirable definition of a chancre by Mr. H., which they say will neither admit the addition nor the subtraction of a word. When I say Mr. Hunter has not described a chancre, I do not wish you to suppose that he has passed over the subject in total silence; but I mean to assert, and that deliberately, that the very meager and superficial account which he has given of chancre, is totally inapplicable to the variety of sores we daily meet with, and as regards diagnosis, almost useless in practice.

There is on the subject either the most wilful perversion or the most extraordinary self-delusion prevailing in the profession, that any learned body could well be the subjects of. A certain description has been given, embracing one single characteristic of chancre, and one only, out of many; the entire picture of which has been completed by the fancy of his followers.—Moreover, the cursory and brief outline in which Mr. Hunter has sketched the disease conveys the idea that he was familiar with no other form of sore with which to confound it. It is rather adverted to, than described, in words to this precise effect—an ulcer with a base of circumscribed hardness and prominent edges. Now, if you ask a surgeon to describe the “true Hunterian,” he will say, “an ulcer with a hard base,” to which is often added, “having thick white matter adhering to it, like a slough, which cannot be washed away;” the addition being forcibly and unwarrantably purloined from the description of the venereal ulcer of the tonsil by the same eminent author. There is no allusion to its form—whether flat, excavated, or prominent—to its varying degree of hardness in different localities, nor to its duration. Now it is this same induration of the base, this circumscribed thickening, forming, as it does, the prominent character of the description, and in the mouth of every practitioner, that I want to see and understand. In the first place, what is meant by circumscribed thickening? In order to explain it I must observe that all forms of ulcer that progress slowly exhibit the effects of a greater or less degree of deposition of lymph around their circumference, giving a degree of firmness and of form to the ulcer proportionate to their torpidity of action. This applies not only to venereal, but, in a more striking degree, to almost every other variety of sore. Contrast a rapidly-ulcerating or phagedænic sore with any other form that has been long under treatment. I do not say that all chronic sores are hard, but that all hard sores are chronic. This hardness is solid, as the term would denote, and would be ill expressed either by the term “swelling,” or “tumefaction,” or puffiness.

There can be no doubt of the existence of “hardness,” when present. It is palpable to the touch, and almost evident to the eye; and when really at no one will hesitate for a moment in acknowledging it. There may be a difference of opinion, however, when it is not.

Whenever induration is a character of venereal, or indeed of any other form of sore, the general ulcerative action is peculiarly slow: I say the general ulcerative action, because any sore may, under circumstances of

peculiar excitement, assume a new disposition, and ulcerate with great rapidity.

The consequence of this slowly advancing action is, that such sores extend by ulceration on the surface of the induration merely; they are generally flat, and rarely hollowed or cup-shaped. To imagine an induration excavated by active ulceration into a sore, would be a glaring error in pathology, for we cannot suppose that nature would establish two actions so diametrically opposed at one and the same time. I do not deny that a cup-shaped sore may be surrounded by tumefaction, for such condition is a most common consequence of ulcerative action, but that it is never surrounded by absolute induration—the circumscribed thickening of Mr. Hunter's description.

As a general rule we may infer, that whenever ulceration is coupled with thickness or hardness, the latter precedes in the relation of a proximate cause, the ulceration being the effect; when coupled with treatment of venereal sores, excepting the sore accompanied by the circumscribed tumefaction merely, the ulcer precedes, of which the tumefaction is the effect, or at least the sequence.

But to what, you may ask, does all this tend. It tends to this, that the chancre of the present day is not the form of disease described by Mr. Hunter in the year 1786.

Examine for yourselves. Form your own opinions on an unprejudiced examination of a variety of cases.

During the last three years of the life of my lamented friend Mr. Earle, I had under my charge his three venereal wards in St. Bartholomew's Hospital, and I am confident that induration was not present in a twentieth part of the many hundred cases I treated during that period; I mean the induration which, to retain Mr. Hunter's own words, being "very circumscribed, does not diffuse itself gradually and imperceptibly into the surrounding parts, but terminates rather abruptly."

But of more than a hundred cases I have examined during the last three months, of venereal sores, *three only exhibited induration*. If the description of the peculiar thickening were not occasionally seen, we might almost doubt the terms of the definition, but it is seen, and known, and cannot be mistaken by the most superficial observer. Either, then, Mr. Hunter failed in his observation, or he failed in his description, or finally, the sore which bears his name has almost ceased to exist. One of these three positions is inevitable. No one has apparently felt this difficulty more than the annotator of the late edition of Mr. Hunter's work on the Venereal Disease, between whom and the author, if I am not greatly mistaken, there appear some remarkable discrepancies of opinion, evidently expressed under the half-concealed desire to reconcile the differences that really exist between them. The fact I believe to be, that the annotator is too close an observer, to be implicitly and entirely led, or rather misled, by Mr. Hunter: and as far as it could be effected, he has succeeded in blending two forms of sores, which are in a character evidently very dissimilar. He says, "the author's (Mr. H.) description applies to a large majority of cases of primary venereal sores." Did this description of Mr. Hunter's apply at the date of his publication to a *majority* of primary venereal sores only, and not to the whole? If so, is it not passing strange that Mr. Hunter himself should not have said so? Was this the only form of sore that flourished at the date of Mr. H.'s observation?

The annotator continues:—"Two consequences follow the application of the venereal virus—induration and ulceration, and these seem to be distinct and independent, since, though they generally exist in conjunction, they are sometimes found separate, one or the other of them being in some cases wanting." After asserting the more uniform constancy of the induration than the ulceration (a position I strenuously deny), the annotator observes "the thickening precedes the ulceration, the first effect of venereal contact

nation, being the production of this peculiar change in the structure of the parts. The second effect, to produce ulceration of the indurated portion. The primary character of venereal infection is essentially induration, passing afterwards into ulceration." Again, "in the earliest stage of the existence of a chancre this sequence is least discernible, there being frequently at that period superficial and incipient ulceration, with very little apparent thickening." Now Mr. Hunter says nothing of frequently existing ulceration preceding the induration. He says, the first appearance of the sore on the prepuce is, in some cases, excoriated, and afterwards ulcerated; in others, a small pimple occurs or abscess appears, as on the glans, which forms an ulcer, a thickening of the part comes on," &c. I think I may venture to state to you that the indurated sore *does not commence as a pustule at all*, or if it do that it holds no relation to the local form of disease when fully developed. I agree with the annotator, and not with the author: the former says, and says truly, the thickening in general precedes the ulceration; but this observation will only apply to the rare form of disease described by Mr. Hunter. What is the crisis of the pustule? does its career terminate in resolution? does it die a natural death in order to give a temporary independence to the induration? Is the induration to the pustule what the pupa is to the larva of insects? Will the annotator of Mr. Hunter's work on the Venereal Disease, highly competent as he has proved himself to that task, will he undertake to assert that he has ever seen circumscribed induration succeed to a pustule?

However, the question is, is the circumscribed thickening described by Mr. Hunter a usual attendant on venereal sores, or is it not? I believe it is not; and if you traverse the foul wards attached to every hospital in this metropolis, you will not find the Hunterian circumscribed induration present in the proportion of one case in every 20 primary venereal sores. This form of the disease is the most rare of all forms. Mr. Evans, whose excellent work on the diseases of the genital organs I strongly recommend to your study and perusal, has given the most impartial and simple account of the origin, progress, and induration of Mr. Hunter. He states that the common primary venereal sore is, in a very large ratio, the most common of all venereal ulcers. He says nothing of induration; he speaks of thickening in its latter stage—a condition which may be common to many sores, and does really characterise a form of sore which he has called the *venerola indurata*, but this is not the Hunterian sore. Sir R. Carmichael is silent on the subject, as indeed is every original writer who is untrammelled by Mr. Hunter.

Observe, however, finally, that I do not contend for the error of Mr. Hunter: I contend merely for this, that the prominent character of the single form of sore which he has described is not the character of venereal sores at the present day.

This is not a question to be determined by authority. It is a simple question of fact, to be determined only by personal inquiry and observation, and to these I commend you.

For the American Medical Intelligencer.

ART. III.—PHILADELPHIA HOSPITAL, (BLOCKLEY.)

Case of Fatal Disorganisation—Obscurity in Diagnosis.

REPORTED BY WILLIAM H. MCKEE, OF RALEIGH, N. C., RESIDENT PHYSICIAN.

Elizabeth B., æt. 48. Born in Philadelphia: widow. Occupation that of house work. Habits temperate; of medium size, and the mother of four children. She entered Women's Medical Ward, No. 4, May 17th, 1838. At the time of her entrance she complained of great pain in the lumbar and sacral regions, extending upwards as far as the vertex, and down to the extremities of the toes, along the course of the sciatic, popliteal, and tibial

nerves. She stated, that for the last three years her sufferings had been at times almost beyond endurance. She had been told by her physician that it was a neuralgic affection—the visiting physician confirming the diagnosis of her former attendant. The immediate symptoms calling for prompt attention, she was ordered to be cupped on the lumbar region and sacrum, and the ordinary remedies for neuralgic cases were used. She was treated for some time without experiencing any relief whatever, with the exception of a slight mitigation of her pain, which was produced by opiates. Her disease was then diagnosticated to be *rheumatismus intestinorum*, and treated accordingly: the results being as before. Various other diagnoses were given; for example, neuralgia of the uterus and bladder, as she suffered very much in passing her urine; in fact the catheter had to be frequently introduced.

Having been under treatment for four months, without any very great mitigation of her sufferings, she was discharged from the ward on the 6th of September, for refusing to submit to treatment. In a few days she was sent back to the hospital, and then entered Women's Medical Ward, No. 3. The neuralgic being the most prominent symptoms, she was again treated for them. During the whole of her treatment her cry was for laudanum or opium which were allowed her in a moderate degree, and seemed to afford but momentary benefit. What is rather remarkable, she experienced relief from no other source than the application of the ammoniac cups¹ to the spine. The repetition of the cups seemed for a while to promise the happiest results; but, like every other remedy which had been applied, also failed. Her sufferings at this time had become so very intense, that they were almost beyond endurance, and her lamentations were so inordinate they were supposed to be in part assumed. In January, 1839, she was transferred to the Old Women's Asylum as an incurable patient.

At the time she left the hospital, her condition was as follows:—General emaciation; thighs flexed upon the abdomen; legs upon the thighs, and crossed with a lateral flexion of both thighs and legs to the right side; position dorsal, and occasionally on the right side. She was perfectly helpless, could not bear to be moved without exclaiming, in the most agonising manner, that her back would break; her sensitiveness had become so great that she would scream out if the hand were placed upon any part of the lumbar or sacral region. In this condition she would beg for laudanum, which was allowed in moderation. From the shock which she received in moving her from the hospital, the neuralgic symptoms again became so violent as to demand the promptest attention; (neuralgia was still supposed to be the only affection.) The symptoms were mitigated, and she seemed to improve for a short while, but she had become so much enfeebled—suffering from hectic every night—that it was with difficulty she could be persuaded to take any thing that might be prescribed. She was allowed a generous diet, and wine occasionally. But during this time she was attacked with intercurrent pneumonia, which soon terminated her protracted sufferings.

Necropsy thirty-six hours after death.—Exterior much emaciated; lower extremities very rigid; general anasarca.

The cavity of the cranium contained about ζ iv. of a light straw-coloured fluid: the membranes covering the brain were opaque. The brain was slightly softened, with small effusion into the lateral ventricles. *Medulla oblongata* and *M. spinalis* slightly softened; membranes opaque.

Thorax.—Effusion of fluid into both cavities, though small, rather more into the right side; both lungs were found to be diseased. The right lung, superior lobe, had passed into the second stage of *pneumonia*, and would sink in water, being in a perfect state of hepatisation. The left lung had just commenced the first stage, and was highly congested.

Pericardium and Heart.—The pericardium contained about ζ iv. of fluid; membrane thickened and opaque. The heart normal, but presented upon

¹ Lint dipped in ammonia, and confined in its place by cups.

its exterior several white patches, indicating the result of inflammation, which had been of a chronic character. The valves were natural.

Abdomen.—The mucous membrane of the alimentary canal very much softened throughout.

Kidneys.—The right kidney was somewhat hypertrophied, of a dark brown colour. A longitudinal section was made, laying open the pelvis at the same time: the interior of which was of a reddish colour; the whole kidney presented a granulated appearance; the cones of Malpighi were enlarged. The best description that can be given is, to imagine that the kidney had been laid open and a quantity of sand rubbed into it.

The left kidney was *atrophied*, and of a blue colour—the *cortical* portion was very much hardened, while the *tubular* appeared in a state of softening.

Bladder.—In its basfond was found a small stone, about the size of a garden pea, which was jagged and rough, and encysted within the sub-mucous tissue. At the orifice, and as far as half way down the urethra, the membrane was highly inflamed.

Uterus normal, but both the uterus and the bladder were found situate above the symphysis of the pubis—their place in the cavity of the pelvis having been occupied by the growth of a large tumour.

The next thing that presented itself was a large *abscess*, occupying nearly the whole of the pelvic cavity. Its external appearance was of a blue colour, and it felt soft at its lower extremity—having pointed down against the vagina near the vulva. It extended upwards as high as the third lumbar vertebra, involving the psoas magnus and iliacus internus muscles. The adhesions were firm. On cutting into the cavity, it contained about a pint and a half of pus, of the consistency of thick cream. The walls of the cavity appeared to be of a fibro-cartilaginous character. The internal appearance of the cavity was in a state of softening. The primitive iliac artery presented traces of arteritis; the sciatic nerve was thickened; the lumbar vertebrae were enlarged, and their spongy portions, as well as those of the sacrum, were infiltrated with pus, and could be cut with ease by drawing the blade of the scalpel through them; when cut across, the fluid could be squeezed out very readily; the granules of bony substance could be separated with ease.

It appeared that from previous inflammation, a quantity of coagulable lymph had been thrown out and become partially organised.

Remarks.—We were now, and not till now, able to account for the violent neuralgic symptoms that had presented themselves.

Here was a patient who had been attended by some of the most talented physicians in the country, whose skill in diagnosis is not surpassed; yet examination after death revealed that the diagnoses of all were incorrect, or at least insufficient.

There is but little doubt that many individuals have thus suffered years of torture whose disease has been considered neuralgic, and who have been reported to have died of neuralgia; yet if the same opportunity had been afforded for examination after death, the appearances might have proved to be in accordance with the above.

W. H. McKEE.

For the American Medical Intelligencer.

ART. IV.—DISEASED ANTRUM.

Extract from a lecture of Dr. J. F. Caldwell, on "Dental Surgery."

(Communicated by the author.)

"Surgeons generally account for the inflammation and ulceration of the lining membrane of the antrum, by informing us: "that the fangs of the teeth are frequently found to project into the cavity;" "to pass beyond the floor of the antrum," "to perforate it;" "to enter it;" &c. and they express

themselves in explanation, by this varied phraseology. That the disease of the teeth does, most often, communicate inflammation and disease to the membrane of the antrum I admit; and I concede the great cause of disease in the antrum to be decayed fangs or roots of teeth, but I contend, *the fangs of sound, or dead teeth, never enter the antrum, or rise above its floor, but the floor of the antrum, by being exfoliated, may expose its cavity to the fangs of the teeth.*

The teeth to have existence, must be supplied by arteries, veins and nerves; and they are no longer possessed of vitality if deprived of these agents, that go to, and from, and enter, and leave the fangs of the teeth under the floor, and outside of the antrum; deprived of the sustenance these give, they die and cease to impinge upon parts still living and healthy, and by the vital action of the healthy portion are often thrown off from them.

I have met with the crowns of teeth passing into the antrum, nose, and projecting in various wrong directions in the jaws, but all this malformation can be easily accounted for; but it is naturally impossible for the fangs of teeth to pass beyond that which gives them being—they must, from necessity emanate from the arteries and nerves, their source of life.

Those who imagine the fangs of teeth do sometimes "project into the antrum," have been deceived by the diseased condition or situation of its cavity, which has caused so much of the floor and sides of the antrum to exfoliate, as to expose the fangs of the teeth, and left them, as it were, "projecting" into it. The fangs now, "rise above its floor," as do the nails in a wooden floor, that has been worn away by the friction of the broom.

I have alluded to this error of surgeons, to correct another, they direct us to observe in practice: To operate for diseased antrum, they direct a tooth to be extracted under its most pendent part, and the antrum to be perforated, through the socket of one of its fangs. To do this, would give excruciating pain, and produce unnecessary hemorrhage; to inflict the first, and cause the last, surgeons generally suppose to be unavoidable in the operation, and in the manner they direct it to be done, it would be so, as we would be compelled to operate upon, and destroy the nerves and arteries that supply the fang, and pass on to give vitality to the other teeth in front, that also would be in consequence destroyed. And all of this can be avoided, by perforating the alveolus which had filled the angle of the fangs, as the vessels which supplied the fangs and other teeth will not be disturbed. If the floor of the antrum has been exfoliated to the fangs, then the extraction of the tooth is a sufficient opening of its cavity, for our operation to cure it. There is less injury done by perforating the socket of the inside fang than the others, as it is only supplied by twigs from the larger nerve and artery.

As the mucous membrane lining the antrum, frontal, ethmoidal and sphenoidal sinuses, nose, mouth and throat, is the same in character, and performs the same office, and as it is, in fact, but a continuation of the same membrane throughout all these cavities, we may readily perceive, that the disease of it in any location, will rapidly affect the other portions. And therefore it is, that a similarity of disease is found to pervade each of these parts. And inflammation from diseased teeth is the great cause of fungi and polypi growing out of these various cavities.

Asylum for the Insane Poor, Pennsylvania.—We are pleased to learn, that the legislature of Pennsylvania has passed a bill for the foundation of this most important charity. In the senate it did not meet with the opposition of a single member.

Medical College of Philadelphia.—A bill establishing this college has likewise passed the legislature. We are not yet aware of its provisions, but we trust they are of such a character as to tend still further to increase the proper facilities afforded by Philadelphia for the attainment of medical instruction.

BIBLIOGRAPHICAL NOTICES.

Trousseau and Belloq on Diseases of the Larynx.

The next work, which we shall publish—and it will be commenced forthwith in the "Library,"—is that of Messrs. Trousseau and Belloq or Belloc.¹ It has been translated by Dr. J. A. Warder, of Cincinnati. The subject is more especially interesting to us at this moment, when the laryngeal and other affections of the respiratory organs—connected especially with the discharge of clerical duties, &c.—is a topic of discussion in certain of the journals—as yet, however, with no great advantage to science.

*Corfe on the Kidney.*²

This is really a curiosity of medical literature; yet it is one that excites our commiseration in every page. It is but too evident that the unfortunate author is labouring under some mental derangement—some variety of demonomania. He is doubtless well read, well versed in the medical literature of past and present periods, yet expressions occur in every page which indicate that the citadel of reason has been surprised. One great idea is, that the kidney is in part composed of "floculent feathery oil tubes," for the secretion of oils destined to most useful purposes in the economy; and the circumstance, that the kidneys and their fat were directed to be offered up in sacrifice, have evidently given rise to the one predominant idea under whose influence this book has been penned.

As an example of the author's lucubrations, we may select the following:—

"To my imagination the kidneys, or I shall say, the kidney, sits a sovereign in animal life in the very centre of its kindred body. With one arm—whose—as it were, she receives the oil, with the other she rejects its refuse. One power she attracts with, and the other propels. Eight seconds after an article is taken by her from the mouth of the body, whether masticated by the teeth, or simply swallowed, or whether received into the body as an immaterial principle, as the effluvia of turpentine, violets, coffee, &c., it is lodged in its considerable quiescence in her bosom, and is from thence cast forth, according to the pure and sanctified language of Holy Writ, that 'whatsoever entereth in at the mouth goeth into the belly, and is cast out into the draught,' these defile not a man: but the pourings out of a corrupt heart are the things which defile a man.

"The kidney sits with her back against the reins or loins, and hence she derives her strength; so in Christ all men have life, whether carnal or spiritual; 'in Him we live and move, and have our being.' CHRIST is, indeed, the unknown God to some men, but to all is He the sustaining power; by whom all things consist, and of whom all things in heaven and earth are.

"The nature of the kidney is to be utterly incapable of generating the least atom of fat; yet is she embedded or enthroned in fat, and so is moistened, enriched, and kept supple. Thus, as she derives her stability and

¹ *Traité pratique de la Phthisie laryngée, de la Laryngite chronique, et des Maladies de la Voix.* Par MM. A. Trousseau et H. Belloq, ouvrage couronné par l'Académie Royale de Médecine. 8vo, pp. 488. Paris, 1837.

² *A Popular Treatise on the Kidney; its hitherto unknown functions and its diseases, in connection with the circulating animal oils, &c., with advice to persons in their secretions.* By George Corfe. 8vo, pp. 304. London, 1839. (With a lithograph.)

power of performing her functions from her position, leaning against the reins or loins, so she derives her moisture, not so much from the multitude of oily channels within herself, as from the gracious and copious insinuating anointings of the fine unctuous matter all around and about her. Have we not here some shadowings of the natural man? He has not by nature one atom of grace, yet that oil of rich mercy is copiously shed, inasmuch as he is loaded with benefits, and is, moreover, invited to come to CHRIST, the LORD, for salvation; nevertheless by his fondly loved sins, is he withheld, and so rejects eternal life. Much more is the Christian enriched by, and embedded in, the rich unction and oil of God's grace."—p. 191.

The work is replete with such allusions; yet it contains a considerable amount of medical information up to the day, and is, altogether, a handsome volume.

*Dunghlison's Medical Dictionary.*¹

Of the execution of this laborious undertaking the editor can obviously say nothing. He may be permitted, however, to cite some of the remarks in the preface to the second edition.

"The present undertaking was suggested by the frequent complaints made by the author's pupils, that they were unable to meet with information on numerous topics of professional enquiry—especially of recent introduction—in the medical dictionaries accessible to them.

"It may, indeed, be correctly affirmed, that we have no dictionary of medical subjects and terms which can be looked upon as adapted to the present state of the science. In proof of this the author needs but remark, that he has found occasion to add several thousand medical terms, which are not to be met with in the only medical lexicon at this time in circulation in the country.

"The present edition will be found to contain many hundred terms more than the first, and to have experienced numerous additions and modifications.

"The author's object has not been to make the work a mere lexicon or dictionary of terms, but to afford, under each, a condensed view of its various medical relations, and thus to render the work an epitome of the existing condition of medical science. In its preparation he has freely availed himself of the English, French, and German works of the same nature, and has endeavoured to add every subject and term of recent introduction which has fallen under his notice."

The work forms one handsome volume, royal 8vo.

MISCELLANEOUS NOTICES.

Albany Medical College and the Thomsonians.—It appears from the Albany Journal of the 20th of June, with which we have been favoured by a Correspondent, that the Thomsonian Medical Society of the State of New

¹ Medical Lexicon. A new dictionary of medical science, containing a concise account of the various subjects and terms, with a vocabulary of synonymes in different languages, and formulæ for various officinal and empirical preparations, &c. Second edition, with numerous modifications and additions. By Robley Dunghlison, M. D., M. A. P. S. &c. 8vo, pp. 821. Philad. 1839.

York, held their fourth annual meeting at the Senate Chamber, of the State House, in the city of Albany, June 11th, 1839. This would be news of but little interest to our readers; not so some of the events that transpired.

It appears, from the published statement of the proceedings, that an invitation was given for the Society to visit the Albany Medical College, and that a committee was appointed "to wait upon Dr. March, President of the Faculty, and ascertain when it would be his pleasure to receive the Society at the Institution;" that "the committee appointed to wait upon Professor March, reported, that the Professor would entertain the Society at the Anatomical Museum of the College" at a certain hour. It was then resolved, "that as it is in the opinion of this Society necessary to raise the standard of medical education among Thomsonian physicians," (a necessity, by the way, which has always been contested,) "we recommend the students of the Thomsonian school to acquire a more thorough knowledge of anatomy, physiology, surgery and chemistry."

The committee visited the Professor at the time appointed, and were "entertained" by him; after which the following resolutions were in all gratitude passed unanimously; and the Albany College now holds the exalted position of being the first, we believe, of the Medical Institutions in the United States, publicly *patronised* by the Thomsonians!

"*Resolved*, That the thanks of this Society be tendered to Professor March, for his generous invitation to visit the Albany Medical College this day, and for the courtesy with which the Society were treated while there; also, for the liberal proposition "to receive with kindness into the classes of anatomy, physiology, surgery and chemistry, Thomsonian students upon the same terms as other students of the College.

"*Resolved*, That this Society commend the Albany Medical College to the favourable notice of all the Students of the Thomsonian School, that wish to acquire a more thorough knowledge of anatomy, physiology and surgery."

Comment on these *unique* proceedings is unnecessary.

BOOKS RECEIVED.

From Dr. J. B. Hutchinson, of Cleveland, Ohio.—Journal of the proceedings of the Medical Convention of Ohio, at its Session, begun and held in the city of Cleveland, on the 14th and 15th days of May, 1839. 8vo. pp. 48. Cleveland, 1839.

From Dr. A. Welch, the Secretary.—Proceedings of the President and Fellows of the Connecticut Medical Society, in Convention, May, 1839, with a list of the members of the Society. 8vo. pp. 16. Hartford, 1839.

From the Author.—A Directory for the use of the White Sulphur Waters, with practical remarks on their medical properties, and applicability to particular diseases, by J. J. Morrison, M. D., Resident Physician at the White Sulphur Springs. 12mo. pp. 35. Philadelphia, 1839.

From the Author.—The Invalid's Guide to the Virginia Hot Springs, containing an account of the Medical properties of these waters, with cases illustrative of these effects. Collected and published by Thomas Goode, M. D., the present Proprietor. 24mo. pp. 44. Richmond, 1839.

Bericht über die Fortschritte der Civilisation in dem Fürstenthum Moldau. Mitgetheilt der Versammlung deutscher Naturforscher und Aerzte in Freiburg im Sept. 1838. Von Ritter J. Ch. S. Von Czihak, Doctor der Medicin und Chirurgie, u. s. w. 18mo. 16. Freiburg im Breisgau, 1838.

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ART. I.—DISEASES OF THE HEART.¹

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Gentlemen,—Although I have, on several occasions, directed your attention to the study of the diseases of the heart, and more especially to their physical signs, the importance of the subject induces me to offer you some additional observations on the cases which we have had an opportunity of observing during the last three months. You will, I am sure, be surprised to learn, that nearly *one half* of the patients admitted during that period, with various diseases, have presented physical signs of the existence of anormal conditions of the heart. From the 1st of January up to this date (28th March) there have been admitted 30 female and 29 male patients, with various acute and chronic diseases. Of the former there have been 14 cases; of the latter 11 cases, in which physical signs of these anormal conditions of the heart were observed. In order, however, to estimate the nature and extent of the disease observed in these cases, and, consequently, the importance of the physical signs detected by auscultation and percussion, I shall first read to you two tabular views of the cases before entering upon the investigation of the subject.

MALES.

Date.	Name and Age.	Disease.	Physical Signs of Heart.
Jan. 3	Jas. Foreman, æt. 20.	Morbus cordis	Bellows sound with first and second sound of heart; hypertrophy.
" 29	Robt. Halliday, æt. 19.	Morbus cordis	Double bellows sound; hypertrophy and dilatation.
" 30	James Shirley, æt. 36.	Phthisis	Hypertrophy and dilatation.
Feb. 16	Wm. Larancy, æt. 40.	Colica pictorum	Bellows-sound with first sound at apex; increased impulse; intermittence and irregularity.
" 19	David Gibson, æt. 42.	Morbus cordis	Bellows-sound very loud to the left of apex; impulse too strong and too extended; rhythm very irregular. Hypertrophy and dilatation, and patency of orifice of mitral valve, found after death.
" "	Samuel Ford, æt. 8.	Rheumatismus	Bellows-sound with first sound at apex.

¹ London Lancet, June 8, 1839, p. 385.

Date.	Name and Age.	Disease.	Physical Signs of Heart.
Feb. 19	James Finnagen, æt. 33.	Rheumatismus	Double bellows-sound (second the louder) at base, upper third of sternum; impulse too strong and too extended.
" 25	John Walker, æt. 22.	Lichen	Bellows-sound with second sound at base.
" 26	Fred. Smith, æt. 38.	Phthisis	Slight morbid sound at apex.
Mar. 5	W. Tobin, æt. 54.	Morbus cordis	Impulse too strong and too extended; slight morbid sound at base.
" 12	C. Sullivan, æt. 8.	Eczema impetiginodes —struma	Slight morbid sound at apex.

FEMALES.

Date.	Name and Age.	Disease.	Physical Signs of Heart.
Jan. 1	Charlotte Fuller, æt. 2.	Eczema impetiginodes	Slight bellows-sound with second sound of heart.
" 4	M. A. Griffith, æt. 20.	Erysipelas	Slight bellows-sound with first sound of heart at base.
" 31	Mary Bye, æt. 24.	Rheumatismus	Double bellows-sound at base, the first the louder.
Feb. 2	Ann Jones, æt. 22.	Acne	Impulse too strong and too extended.
" 19	Ann Kimber, æt. 28.	Peritonitis, &c.	No signs noticed; concentric hypertrophy found after death.
" "	Sarah Shiraffs, æt. 60.	Morbus cordis	Double bellows-sound (the first the louder), chiefly at the base of the heart and upper part of sternum; impulse too strong and too extended; irregular and intermittent.
" 23	Louisa Badham, æt. 17.	Cephalalgia	Double morbid sound heard almost equally at base and apex, and top of sternum.
" "	Cath. Miller, æt. 28.	Erysipelas	Bellows-sound, chiefly with the first sound, heard at base and apex.
" 28	M. A. Brodrick, æt. 28.	Dysentaria	Very slight morbid sound with first sound.
Mar. 2	Sophia Taylor, æt. 20.	Poisoning by laudanum	Morbid sound with first sound at base; rough scraping sound at apex.
" 5	Jane Tagg, æt. 27.	Phthisis	Strong impulse; sounds scarcely healthy.
" "	Sarah Shaw, æt. 54.	Morbus cordis	Slight morbid sound with second sound at base; and with sound to the left of apex; perforation of one of semilunar valves of aorta, and imperfect closure of mitral valve, found after death.
" 12	Mary Cull, æt. 50.	Congestio abdominalis	Rough bellows-sound with first sound at base.
" 19	Judy Fowley, æt. 58.	Constipatio; dyspepsia	Slight morbid sound.

From these tabular views of the physical signs observed in the 25 recorded bases, it appears that by far the most frequent consisted of morbid

sounds, either single or double, principally heard at the base or apex, or in both regions of the heart at the same time, and accompanying the natural sounds of that organ. In seven or eight of these cases the morbid sounds were accompanied with a greater or less degree of increase of the impulse and sounds of the heart, heard over a greater or less extent of the chest, beyond the natural limits. In three cases only were the morbid sounds absent, the diseased conditions being manifested by the preternatural extent of the sounds and impulse alone of the heart. In one case no physical signs were observed during life, the disease of the heart (concentric hypertrophy) not having been detected till after death.

Of all the cases in which physical signs of the existence of anormal conditions of the heart were observed, six only were entered in the case-book as *morbus cordis*, the heart being the organ essentially and primarily affected, and its morbid states the cause of the complications, such as general congestion, anasarca, ascites hydrothorax, bronchitis, and emphysema, which had compelled the patients to seek for relief.

Of the 19 remaining cases, three were cases of rheumatism, three of phthisis, and the rest of various diseases.

We shall divide all the cases into two groups; the first group comprehending those entered as disease of the heart; the second including those entered under their respective names; and endeavour to estimate the diagnostic value of the signs appertaining to each.

In the first group, the physical signs referrible to the morbid conditions of the heart, were of such a character as to entitle them to be considered *pathognomonic* of organic disease of that organ. In the cases of Gibson and Shaw the *post-mortem* appearances confirmed, in every particular, the accuracy of our diagnosis. In Gibson's case there were marked physical signs of hypertrophy, and a loud morbid sound heard to the left of the apex of the heart; and after death the size of the heart was found greatly increased, and the mitral valve in a state of permanent patentcy. In Shaw's case the impulse of the heart was too strong, and heard too extensively. A slight morbid sound was heard at the base of the heart along with the diastole; and to the left of the apex along with the systole. After death there were found hypertrophy of the walls of the heart, rigidity, shortening, and obliquity of the mitral valve, and perforation of one of the semilunar valves,—conditions which sufficiently explained the production, by regurgitation, of the morbid sounds, and the too strong and extended impulse of the heart observed during life.

In the case of Shiraffs, which I have already detailed to you on a former occasion, we have physical signs equally conclusive of the existence of organic disease of the heart and its valves.

In the case of William Tobin, which I have not yet brought under your notice, the physical signs of organic disease of the heart possess the same positive value as those of the preceding case. He has been in the hospital for upwards of three weeks. The impulse of the heart is too strong and too extended; there is extensive dulness over the cardiac region; and a slight morbid sound, heard at the base, accompanies the second sound of the heart. There were, besides, some congestion of the face, lips and tongue; œdema of the feet and ankles towards evening; palpitations, dyspnœa, orthopnœa, and slight bronchitis.

In the fifth case, viz. that of Halliday, the physical signs were those of hypertrophy and dilatation, in which the latter probably predominated. The chief symptoms were referrible to congestion of the lungs, in some degree of the brain, of the digestive organs, and of the extremities. In his case the organic affection of the heart was not considerable, and probably remediable, but it was the obvious cause of the symptoms enumerated; whilst, in those of Shiraffs and Tobin¹ (who are still under treatment, and

¹ Both patients left the hospital relieved of all the complications, and in their ordinary state of health.

greatly improved), it is extensive, and of such a nature as to prove ultimately fatal.

In the sixth and last of the cases entered as disease of the heart, viz. that of Foreman, we had also unequivocal signs of organic disease of the heart. Of the history of this patient's case I shall merely state that about a year and a half before his admission into the hospital, which was on the 15th of January, he became subject to a hacking cough, and soon after experienced severe palpitations of the heart on any exertion, as in walking quick, or going up stairs, &c. These symptoms continued up to that time, and became gradually more and more severe. When examined, the impulse of the heart was found too strong and felt over too large a surface. The rhythm was irregular, with occasional intermittence. The first sound of the heart was replaced by a loud, rough, and prolonged morbid sound, most distinctly heard near the apex. The second sound was heard somewhat morbid at the base of the heart. There was also a very strong purring tremor felt over the cardiac region, especially when the patient stooped forward. The dulness on percussion was not too much extended. From these physical signs it was clear that we had organic diseases of the heart of at least a year and a half's duration. We had, in fact, a case of hypertrophy and dilatation of the walls of the heart, and a morbid condition of the mitral valve, and of the semilunar valves of the aorta. This patient left the hospital greatly better at the end of two weeks. The increased action of the heart became gradually less, and the abnormal sounds diminished in intensity. He was bled to eight ounces from the arm on his admission, and took the solution of the iodide of potassium and tincture of digitalis, during the period stated.

Of the second group, comprehending 19 cases of disease, in which physical signs existed of abnormal conditions of the heart, three of them were cases of rheumatism, three of phthisis, two of erysipelas, two of eczema impetiginodes, one of acne, of peritonitis, &c., of cephalalgia, of dysentery, of poisoning by opium, of abdominal congestion, of dyspepsia, of colica pictonum, and of lichen.

In some of these cases the diagnostic value of the physical signs can be ascertained with equal certainty and facility. In the three first cases, or those of rheumatism, we have the physical signs either of valvular disease alone, or these combined with those of hypertrophy. You will, perhaps, recollect the case of Mary Bye, admitted the 31st of January, with acute rheumatism, the history and treatment of whose case I brought before you formerly, and which was rendered peculiarly interesting from the fact of the abnormal sounds of the heart having, after the space of a few days, considerably diminished, under the influence of the treatment employed. She had been twice bled from the arm, and had taken the acetous extract of colchicum three times a day, and a pill of calomel, and compound powder of ipecacuanha morning and evening, until the mouth had become slightly affected. It was at this time that the abnormal sounds in the region of the heart diminished in intensity. They consisted of a double bellows-sound, heard with the first and second sounds of the heart.

As I have already given you the history and treatment of this case up to the seventh day, and as it furnishes a most satisfactory example of the cure of endocarditis, or of inflammation of the valves of the heart, I shall now relate its further progress and termination. On the 9th of February the rheumatic inflammation of the hand, elbow, and shoulder had lessened, but it had become worse in the ankles, which were very red, hot, and painful. The patient could get no sleep at night. The morbid sounds of the heart were the same, that is, less marked than when first heard, but still readily distinguished; and as the pulse was full and firm, twelve ounces of blood were again taken from the arm. The acetous extract of colchicum was increased to two grains, three times a day, and twenty-five minims of the tincture of the meconate of morphia ordered to be taken at night. On the

three following days leeches were several times applied to the joints with considerable benefit. The colchicum had been increased to two grains and a half, and was followed by frequent vomiting and purging, and was, therefore, omitted. The mouth continued sore; the inflammation and pain of the joints gradually diminished, by subsequent applications of leeches, and on the 23d were quite gone. On the 26th the morbid sounds of the heart had almost entirely disappeared, and six days after no trace of them could be heard, when the patient was discharged quite well.

That the double bellows-sound in this case indicated the presence of valvular disease, and that the morbid condition in which it originated was rheumatic inflammation, can no longer be matter of doubt to the stethoscopist; and much, if not the greater part, of the accuracy of our diagnosis of the presence of this complication of rheumatism we certainly owe to the researches of M. Bouillaud, on what he has appropriately denominated endocarditis, in contradistinction to inflammation of the pericardium, or pericarditis. After having laid before you the two other cases of rheumatism, accompanied with physical signs of disease of the heart, I shall, if our time will permit, make some remarks on the seat of the morbid sounds heard in each, and on their probable cause and mode of production.

The second case of rheumatism, accompanied with anormal sounds, occurred in a boy, eight years of age, who was admitted the 19th of February. Previously in the enjoyment of good health, he was exposed to cold, and was seized with pain in the ankle and foot of the right side, which afterwards shifted to the knees, and from them to the shoulders, arms, and hands. When admitted, the pain was confined to the left shoulder, unaccompanied by redness or swelling; was increased by cold, relieved by heat, and worse towards evening. His sleep was disturbed; skin hot; pulse 90; bowels regular. On applying the stethoscope a bellows-sound was heard with the first sound of the heart at the apex only, and when respiration was suspended. The second sound was slightly morbid at the base; the rhythm was regular.

This case of rheumatism was altogether mild; neither the local nor general symptoms had been severe, and were, indeed, very slight when the patient entered the hospital. Notwithstanding, it was complicated with endocarditis, as shown by the stethoscopic signs which I have mentioned. Whether these disappeared before the patient left the hospital was not ascertained; he was discharged, cured, a week after admission, the chief means employed being the solution of the iodide of potassium.

The last of the cases of rheumatism, complicated with disease of the heart, is that of James Finnagen, *ætat.* 33, admitted 19th of February, and still under treatment. He is a tailor by trade, married, of pretty regular habits, has been lately much exposed to cold and wet, and much fatigue. He has always had good health (with the exception of a cough during the winter months of the last five years), until eighteen months ago, when he became subject to a continued pain in the cardiac region, aggravated at times, and great palpitation. This cough became worse, and the expectoration more profuse. He had supra-orbital headach, red clouds and flashings of light before his eyes, defective vision, and sometimes dylopia; giddiness, and sometimes he fell insensible; tinnitus aurium, and frightful dreams. These symptoms continued until three or four weeks ago, when he got wet through for several days together, and soon experienced pain in his knees, ankles, hips, loins, left shoulder, elbows, and wrists. The pain also in the cardiac region became worse. He had no advice for the rheumatism, but applied at Moorfields on account of the dimness of sight. He was given some ointment of tartarised antimony to rub on the back of his neck, and had some blue pills to take, but his mouth becoming sore he discontinued the use of both. He got gradually worse, and on the 19th of February came to this hospital.

Present symptoms.—Skin hot and dry; tongue white; headach; disturb-

ance of vision, and dreaming as before mentioned, with pain in the cardiac region, increased on firm pressure between the ribs; palpitation, and cough with slight expectoration; pulse 84, full and strong; bowels regular; urine scanty and high coloured.

A double bellows-sound (the second the louder) heard most intense at the junction of the fourth left costal cartilage with the sternum, and also over the whole cardiac region; impulse much too extended; rhythm regular; sonorous rattle in both lungs anteriorly, but most marked in the left.

The principal signs and symptoms observed in this case were obviously those of rheumatism and endocarditis (those indicating cerebral disturbance and bronchitis we shall pass over for the present). The acute affection of the joints and endocarditis existed together at the time the patient was admitted, the former having occurred about three or four weeks previously, after exposure for several days to wet and cold. The latter, or the endocarditis, most probably existed from the period stated in the report, viz., eighteen months prior to the attack of rheumatism, when the symptoms then felt by the patient were aggravated. Great palpitation and continued pain in the region of the heart were the principal symptoms which accompanied the cardiac affection at that time, and which continued more or less up to the time of the rheumatic attack of the joints. In addition to these symptoms, and the double bellows-sound heard at the base of the heart, there were, also, when the patient was admitted, marked signs of hypertrophy of the left ventricle. Whether this complication was the consequence of the endocarditis which occurred eighteen months ago, or existed previous to that period, we cannot now ascertain with certainty. But as it is stated in the history of the case that the patient had always enjoyed good health up to that time, it is extremely probable that the acute affection of the heart, or endocarditis, which then manifested itself by the symptoms which I have stated, preceded the hypertrophy which we found to exist when the patient was submitted to our examination. There is no doubt that hypertrophy in this, as in many cases, may have existed before, and favoured the development of the endocarditis. However, as the latter disease is by far the most frequent of the causes of hypertrophy of the heart in the young, and those of middle age, besides its probable occurrence in this case in a subject susceptible of rheumatic inflammation from exposure to cold, I am disposed to believe that the hypertrophy occurred subsequently to, and as a consequence of, the endocarditis.

This is by far the most severe of the three cases of rheumatism with complication of cardiac disease. The patient, at the period of this report, was under treatment six weeks, and although the symptoms of the rheumatic and bronchial affections soon disappeared, and the cerebral and other symptoms greatly diminished in severity, the anormal sounds and hypertrophy of the heart were as strongly marked as ever. The action of the heart was still equally strong and extended, and the bellows-sound which occurred during the diastole was so strong as to obscure entirely or replace the second sound of the heart. Under these circumstances we cannot entertain the slightest doubt that there exists in this case permanent organic disease of the valves and walls of the heart. The treatment consisted, at first, of general bleeding, cupping, and leeching, blistering and colchicum; and afterwards of the iodide of potassium.

Of the sixteen remaining cases in which physical signs of anormal conditions of the heart were observed, in at least two of them were these signs indicative of organic disease. In the first of these, the disease for which the patient, a female, was admitted was acne. Besides the physical signs, which were those of hypertrophy and dilatation, as shown by the increased impulse of the heart and the extent of the chest over which the anormal sounds of that organ were heard, there were symptoms of general congestion, but more especially of the brain. In the second case, which was one of colica pictonum, there was not only increased impulse, but a bellows-

sound heard with the first sound at the apex; intermittence and irregularity of the heart's action.

In the other two cases already alluded to,—one of phthisis, the other of peritonitis,—the nature and extent of the organic affection of the heart were observed by us after death.

Twelve cases now remain of the whole number, viz., twenty-five, the physical signs observed in which were the following:—A slight bellows, or slight morbid sound, heard at the base or apex of the heart, or at both, constituted the only signs that were observed; in one case the morbid sound was rough and scraping at the apex, and in another it was double, heard equally at the base and apex, and at the top of sternum.

In none of these twelve cases did the morbid sounds appear to indicate extensive disease. Not only were the physical signs which they furnished mostly slight in degree and extent, but they were unaccompanied by any symptoms or complications which could be considered to have any connection with them as signs of cardiac disease. That they were, nevertheless, signs of the existence of some morbid condition of the heart is more than likely, from the most of them having been heard on several occasions during the stay of the patients in the hospital, consequently under different conditions or circumstances; from their occurring in male as well as in female patients (in three of the former and nine of the latter); in diseases of a very different, and even opposite kind; in patients from two up to fifty-eight years of age, and in none of whom were present those nervous, and more especially anemic states which give rise to the production of anormal sounds in the heart.

In two of the patients, fifty and fifty-eight years of age respectively, the anormal sounds might, from the absence of all other predisposing or exciting causes, in the history of either case, be reasonably supposed to depend on some one or more of those morbid alterations which make their appearance so frequently in the valves of the left side of the heart, about this period of life, and as a consequence of age. I must, however, observe that perhaps too much has been attributed to this circumstance alone, in our desire to explain and account for the frequent occurrence of fibrous, cartilaginous, and osseous transformations in the heart and arterial system, after a certain period of life. It is certainly a well established pathological fact that such alterations do occur in accordance with the law of pathological transformation of analogous tissues; and nowhere is it so frequently verified as in the heart and arteries, without our being able to trace it to such a cause as inflammation. Still, as by far the greater number of analogous tissues and transformations can be demonstrated to originate in inflammation, we shall not err if, in the absence of more direct evidence, we regard these lesions of the heart, and of the valves especially, which give rise to the production of anormal sounds, as having a similar origin, not only in all cases at an early period of life, but very frequently when the progress of age is supposed sufficient to explain their occurrence.

The remarks which I have already made on the physical signs observed in these twenty-five cases of cardiac disease, and the remote origin of by far the greater number of them in inflammation, render it unnecessary for me to enter into a minute investigation in regard either to the precise part of the heart affected, or the nature of the change which it had undergone.

Although we are, perhaps, not yet in possession of the means of ascertaining with certainty the precise locality of the morbid sounds developed in the region of the heart, yet I am disposed to believe that we can do so in the great majority of cases, and certainly with sufficient accuracy for all practical purposes. The *character* of the morbid sounds, the *situation*, and *direction* in which they were best heard, were such in the most of our cases as to leave little doubt of their depending on *valvular* disease. The morbid sounds were chiefly of the bellows kind, and, as I have already said, were heard in the situation of the semilunar valves, in the direction of the aorta

or upper part of the sternum, and in the situation of the mitral valve, towards the left, or at the apex of the heart. I do not believe that we have had unequivocal signs of pericarditis having existed in a single case, out of the twenty-five recorded cases,—an approximative fact at least, which is little in accordance with the opinion formerly, and not long since entertained, of the great frequency of pericarditis as a complication of rheumatism, or as an idiopathic disease. A still greater frequency, however, has been ascribed, especially by M. Bouillaud, to the occurrence of endocarditis in rheumatism, this author having asserted that inflammation of the lining membrane of the heart always accompanies rheumatic inflammation of the joints. This is certainly an exaggerated statement, in so far, at least, as it rests for support on the presence of physical signs. For, among the rheumatic cases admitted into our wards during the last three months, we have had four cases of acute rheumatism in which no physical signs of endocarditis, or other affection of the heart, were observable; and also two severe cases of sciatica under similar circumstances. From the facts, however, which I have stated, it is but too certain that endocarditis is an extremely frequent complication of acute rheumatism; and in no case of this disease, however slight the local affection and the general symptoms, should we neglect to examine most carefully the condition of the heart, during the whole course of the disease.

It is by no means rare to meet with mild cases of acute rheumatism, for which active antiphlogistic treatment is considered not at all necessary, and yet in which there may be signs of endocarditis requiring the employment not only of this means but of the most powerful agents we possess of arresting the progress of this serious complication, and of which mercury is the most certain and efficacious.

I shall not insist farther upon the practical importance of a knowledge of the physical signs of endocarditis, without which, you must perceive, you never can ascertain the existence of this complication in rheumatism, nor, consequently, secure your patient against its consequences at some future period of his life.

I should now say a few words on the nature of the morbid states of the valves, particularly those consequent upon inflammation; and on the production of the morbid sounds to which they give rise, and by means of which their existence is detected; the consideration of both of these subjects, however, I shall defer to some more favourable opportunity.

For the American Medical Intelligencer.

ART. II.—PHILADELPHIA HOSPITAL, (BLOCKLEY.)

Case of Phthisis Pulmonalis following Syphilis; Perforation of the Pleura. Reported by Dr. A. M. VEDDER;—at the time, Senior Resident Physician; now of Schenectady, New York.

Michael D. æt. 26,—born in Canada; entered the hospital July 7, 1837, with suppurating buboes in both groins. A few months previously he had been in the house with syphilis, and was discharged in three weeks cured. (20 months since.) Was salivated soon after this attack, and also once after his second entrance. After remaining in the ward a short time, the disease attacked the os frontis and scapulæ, and they were a long time in recovering. Has taken iodine and sarsaparilla principally. Nodes were treated by blisters. He has had syphilitic sore throat, and nasal twang of the voice for six or eight months. In April, 1838, patient recovered from the disease, nothing remaining except a sore throat and slight rheumatic pains; he

became very fleshy. In May following, cough commenced—at first slight, but it gradually increased, and he soon began to expectorate, and was obliged to keep his bed. Began to lose flesh from the date of his cough.

State—August 20th.—Much emaciated; complexion pale; two scars on his forehead, one of them two inches in length; expression almost hippocratic; voice feeble, hoarse, nasal; strength much diminished; appetite lost; thirst; swallows with difficulty; says his throat is sore so as to prevent him from taking food. Cough frequent; expectoration purulent (f. Zvi . in 24 hours;) nausea at times; oppression; no diarrhœa; perspires freely at night; chills occasionally; sleeps badly.

No œdema of lower extremities.

Chest.—(Ausculted imperfectly.) Cavernal respiration under right clavicle, with loose mucous rhonchus; pectoriloquy; clear below. Posteriorly near the summit also cavernous; tolerably expansive below. Left side, under clavicle, amphoric, to fourth rib. Percussion, however, is more dull under the right clavicle than left. Posteriorly same character of the respiration, extending to below the middle; gurgling; percussion dull in superior half; respiration puerile at the base.

Treatment.—Port wine, f. Zviii . daily; nutritious diet; tinct. cinch. comp. f. Zj . ter die. Mist. pect. f. Zss . secundâ quaque horâ. Liq. morph. sulph. pro re nata.

25th.—Patient takes no food.

The oppression became much increased on the morning of the 30th. (August.) Complains of pain and desires to be bled. Died August 30th, P. M. 1838.

Necropsy fifteen hours after death, August 31st. Exterior.—Emaciation extreme. Small frame; numerous cicatrices on the forehead, both scapulae and groins; moderate rigidity.

Thorax.—About f. Zij . of serum in each pleura. The right lung is entirely free from adhesions, pleura costalis natural; upper lobe on its anterior surface nodulated, of a bluish colour; a portion of this lobe is red externally, and found to be engorged. At the summit three or four contiguous cavities communicating with each other—the largest about the size of a walnut; they contain purulent matter, yellow, of a disagreeable odour, mixed with small hard masses of a paler colour, and are lined by a reddish membrane, easily removed, of feeble consistence, of the thickness of milliner's pasteboard; on removing this lining, another is found beneath, smooth and semi-cartilaginous, of a bluish white colour. Contiguous to the cavities are some yellow and gray granulations. *Middle lobe* of a dull white colour, with a few blue and white bands marking the lobules; almost free from tubercles; no cavity; tissue firm, distended with air. *Lower lobe* moderately congested; a spumous fluid runs out after an incision; tissue rather easily broken; a few scattering tubercles; one portion, near the upper and posterior part, about the size of an egg, is infiltrated with tubercles, not very recent, which is easily broken down, but contains air.

Left lung.—About one half of the pleura costalis is finely injected; it is somewhat roughened. The two surfaces of the pleura in the upper part lie in close contact; they are easily separated, however. On the anterior surface of the upper lobe, an inch from the junction of the lower, is a perforation, two lines in diameter; its margin is of a yellow colour, the surrounding tissue is bluish, it is found to communicate with a large cavity. In four other places the walls of the cavity are reduced to a thin pellicle, thinner than blotting paper, each about half an inch in diameter; one of them is on the lower lobe. Several masses of tubercles are seen just beneath the pleura pulmonalis; the upper lobe is collapsed, puckered in two or three points near the summit. The entire lobe is occupied by one vast anfractuous cavity, filled with fœtid purulent matter, more or less mixed with small masses resembling curd; it is traversed by numerous bands, which are firm. This cavity in some parts is lined like those of the right lung by a

double membrane. *Lower lobe*; a large cavity, of the same character as the last described, occupies the upper third of this lobe. About one third of this lobe adjoining the cavity is evidently inflamed; engorged, and easily broken down; in the midst of the inflamed tissue are seen innumerable, minute opaque and semi-transparent tubercular granulations. Bronchial tubes injected more or less in both lungs.

Heart rather small, but firm.

Left ventricle contains a soft, black, coagulum; the right a firm fibrous coagulum.

Valves healthy. Aorta pale.

Internal membrane of the left ventricle of a dull white colour; that of the right is reddish, probably from mere imbibition.

Spleen large; no tubercles; seven inches long and four broad; firm.

Liver, of good volume, fatty, of good consistence; no tubercles observed.

Stomach rather small, lies in the left side of abdomen, the long diameter corresponding with the long diameter of abdomen; the cardiac orifice, however, is in the usual situation; mucous membrane of the great *cul de sac* is thin and softened.

Small intestines (examined in one or two places only) are found normal.

Larynx.—No ulcerations; the lingual surface of epiglottis a little more injected than the laryngeal; the margin of the epiglottis offers a small excoriation.

Trachea.—Somewhat injected.

Pharynx much ulcerated; surface is red and uneven; the roof of the mouth perforated in one point; uvula very dependent; palatine arches are unequal, owing to a partial removal.

This case illustrates the manner in which perforation of the pleura occurs in tubercular phthisis. Air, no doubt, existed in the cavity of the pleura, but no steps were taken to prove it, inasmuch as the symptoms usually attending this accident, were not present. The existence of recent tubercular deposit in the midst of an inflamed tissue is worthy of notice; was the deposition the cause, or the effect of the inflammation?

A. M. VEDDER.

For the American Medical Intelligencer.

ART. III.—CASES OF EPILEPSY, TREATED BY INDIGO.

Reported by BENJAMIN F. HARDY, one of the Senior Resident Physicians of Philadelphia Hospital; (Blockley.)

[Indigo is one of the "new remedies" for epilepsy, which will fall under notice in the editor's work, now in course of publication in the "Library;" his views of its *modus operandi* will be given under the head of *Indigo*.—*Ed.*]

The following are all the facts that I can at present give you from my observations of the effects of indigo in epilepsy:—

CASE 1. Jacob Garrison, æt. 33, carpenter—of middle stature, and rather thin. Hair reddish brown; black eyes, and light complexion; of violent and uncontrollable temper, to which his father and the nurse attribute his fits, and which is always very excitable previous to his fits occurring. He ascribes them to severe beatings received on the head, from his master, which, perhaps, was the exciting cause. He was attacked fifteen years since, the fit lasting fifteen minutes; he strove exceedingly hard, and it left him unconscious for a day, and without any knowledge that he had been thus affected. His fits have continued since, of the same character, occurring monthly, one or two at a time, until 3d mo. (March) 18th, 1839. At this

time he was put on indigo, \mathfrak{z} i. three times a day, doubling it daily, until it was given to the amount of \mathfrak{z} iii $\frac{1}{2}$ daily, which dose was continued for a month. The day he commenced taking the indigo he had seven fits—he has had but two since 7th mo. 1st. His fits, until the few last, always occurred in the night. The *fæces* became tinged first, and then the urine; he very seldom perspires, and then but slightly. He has been under various treatment, and two years and a half at one time: but, until put on indigo, without any benefit. He had not been on treatment of any kind for several months previous to commencing this remedy.

CASE 2. Daniel Garrison, (no relation to the subject of the last case,) æ t. 45, tall and thick set; dark hair, gray eyes; rather dark complexion; has been subject to epilepsy for seventeen years, at the commencement of which he was smart and intelligent, but is now almost idiotic. He received, seventeen years ago, a fall, which fractured his skull, to which cause his fits are attributed. They occurred monthly, lasting at each period about a week, one or two daily. The day he entered the ward—2d mo. (Feb.) 8th, 1839)—he had five paroxysms. He was put upon indigo, \mathfrak{z} i. three times a day, doubling the dose each day, until he took \mathfrak{z} iii $\frac{1}{2}$ daily, which quantity he continued until six weeks since, at which time he was discharged cured.

He has been entirely free from fits and enjoyed good health, except that he had two the second day after his entrance. He was never treated for his fits until the time above mentioned; his *fæces* and urine changed in a few days to a dark blue, and his perspiration coloured his shirt a bluish yellow.

CASE 3. Frederick Light, æ t. 20, born in Germany—a mute—has been in the house for five years; was put under treatment immediately for epilepsy, and cured by the tincture of digitalis. He then remained well, and worked in the factory for three years, at the expiration of which time he was again attacked, having fits irregularly four and five times a day, which went on increasing, so that, two months ago, he had them twelve and thirteen times a night, and several times through the day. At that time treatment was again commenced, and he was put upon \mathfrak{z} i. of indigo, three times a day, doubling it daily, and a shower bath was ordered morning and evening. He has continued on the same treatment since, and is now taking \mathfrak{z} iss. of indigo daily. He has not had a fit for a week, and then it was but slight. His *fæces* and urine soon became deeply tinged by the indigo; his intellect does not seem to be impaired by his fits.

CASE 4. Augustus Corsier, æ t. 15, born in Pennsylvania, was an active, smart boy until ten years-old; was then attacked with epileptic fits, which were attributed to severe beatings which he frequently received. He is now quite idiotic; he has been, since his first attack, subject to two and three fits daily, for several days together, and then for a few days at a time clear of them. On the 26th ult. he commenced taking \mathfrak{z} i. of indigo, three times a day, increasing it by a scruple daily; his improvement as yet is but slight; *fæces* and urine blue.

CASE 5. Charles Emmett, æ t. 17 years, born in Pennsylvania—idiotic—has been subject to epilepsy from a child, having five and six fits in twenty-four hours for several days together, and being then several days free from them; treatment, result, etc. same as in the case of Corsier. Fits violent; muscles very much contorted; lasting ten to fifteen minutes.

CASE 6. John Bussinger, æ t. 14 years, born in Pennsylvania—idiotic—has been subject to fits almost daily from infancy; they are slight; no spasms; lies quiet for four or five minutes, and then appears as well as ever; treatment, result, etc. etc. the same as in the cases of Corsier and Emmett.

CASE 7. Mary Francis, æ t. 28, born in Pennsylvania; was a smart, active girl until sixteen years old. Had stood in a store for three years and discharged her duties as saleswoman well; received about this time a fright by a female jumping at her unexpectedly, during her monthly period, which caused her menses to stop suddenly, and brought on a fit,—she has not

menstruated since. The second fit occurred six weeks afterwards; she was then attacked regularly every six weeks until she entered the hospital in 1830, and was treated by aloetic purgatives, hip baths, and cut cups to the nape of the neck and spine, which arrested the paroxysms, so that she only had them once in three months. Was discharged from the hospital in 1833 quite smart; was out three years, during which time she only had nine fits. Became a prostitute; came in again in 1836; was sent to the out wards, but as punishment for misconduct, was put in the lower cells for 48 hours. The night but one after she was released, she had three fits; they then occurred daily, two or three times, until 9th mo. (Sept.) 1838, when they gradually became more frequent, so that they came on every ten minutes; in this state she continued until 3d mo. (March) 1839, and after this the paroxysms returned ten or twelve times a day, until she was put on treatment. 6th mo. (June) 12th, 1839. One dram of indigo was given three times a day, increasing the dose by ℥i. daily. I have this day, 7th mo. 4th, put her on ℥ss. Her fits have diminished to four or five daily; her fæces and urine are blue—she is now idiotic.

BENJAMIN F. HARDY.

Professor Dunglison, &c. &c.

BIBLIOGRAPHICAL NOTICES.

Geoffroy St. Hilaire's Universal Law.¹

The investigation of the laws of the formation of organised bodies or organogenesis has engaged the attention of many of the German and French physiologists,—Meckel, Rudolphi, Serres, and not least of the two St. Hilaire's, from one of whom we have the "law" propounded, which has given rise to the singular production before us. It is probably the only copy in this country, having been presented to the American Philosophical Society by M. St. Hilaire himself, through the hands of George Ord, Esq. the celebrated ornithologist, who has recently arrived from Paris.

The *Mémoire* has excited much sensation in Paris, from the boldness of the views of M. St. Hilaire, who has not been restrained by any considerations from the promulgation of the deductions to which he has arrived. The principal of these are thus summed up by M. Vernois—a devoted friend and admirer of the author.

"*First.* Nature is infallible and incapable of contradictions. She has always pursued the most simple means to attain the most complex results. She has but one plan in her views of organisation; she has made all beings after one and the same law. Unity of organic composition is the basis of all her operations. The distinction between organised and unorganised beings is erroneous. All beings are uniformly organised; the basis of these distinctions rests only on varieties or differences of form and *phenomenalisation* of some kind; differences which do not affect the nature of things,

¹ Loi universelle, (Attraction de Soi pour Soi) ou clef applicable à l'Interpretation de tous les phénomènes de Philosophie Naturelle. Par (Etienne) Geoffroy St. Hilaire. (Membre de l'Institut, Académie des Sciences.) Etude et Analyse par Maxime Vernois, Docteur en Médecine, Ancien interne des Hôpitaux de Paris. 8vo. pp. 55. Paris, 1839.

but the conditions which surround their existence, or which have presided over their development.

"*Secondly.* There are no monsters in nature, if we understand by the word—*deviation* of nature from her accustomed rules of action.

"*Thirdly.* The regularity and the arrangement that exist between two subjects united together are not—as believed by some authors—a rare circumstance, isolated, characteristic of certain monsters, and rendering them remarkable above all others. They are constant, common to all, and referable to a fact of the first order, which, in its highest generalisation, includes in some sort, and in the way of collaries, every other fact of double monstrosity. (*Idid. Geoffroy St. Hilaire.* *Introd. à la Tératologie*, p. 21.)

"*Fourthly.* If one part (*soi*) of a subject meets with a like part (*soi*) of another subject; they attract and confront each other in cases of monstrosity, so called, as in the case of the approximation to each other of the two halves that primarily constitute the human body in the normal state.

"*Fifthly.* All bodies are governed according to the same laws.

"*Sixthly.* The natural system of things may be reduced to these words: *unity* of principle, *unity* of organic composition: incalculable *varieties* in the form and manifestation of individualities only depend upon a *plus* or a *minus* in the sum of the constituent elements; these last always remaining, in their essence, subjected to the invariable *unity* of composition, to the necessary *unity* of organisation.

"*Seventhly.* The causes that determine varieties are *time* and *space*:¹ viz. the duration of things, the distance of their point of origin from that of their apparent phenomenality; and, in the second place, the state of the surrounding media in which a body is accidentally or constantly met with.

"*Eighthly.* The principle of *unity* of organic composition, so ingeniously demonstrated, is now no longer an isolated principle without analogies; it is the direct consequence of a primary and far more general law on which it is dependent,—the law of attraction of self (*soi*) for self (*soi*), according to which, as soon as two molecules of similar nature are brought face to face (*sont affrontées*), they necessarily attract each other, become commingled, and give origin to a determinate special being.

"*Ninthly.* Matter is consequently endowed with a living action, with this reservation, that certain of its infinite elements, in their varieties, are affected or concerned in preference to others.

"*Tenthly.* In fine, the cause of the phenomena of the universe is attraction, which may be conceived according to the affinity of self or like (*soi*) for self or like (*soi*)."—p. 43.

After the *Mémoire* of M. Vernois there is a note by M. Geoffroy St. Hilaire explanatory of his motives for introducing a lithographic representation of the well known case of monstrosity, born at Prunay-sous Ablis, in which two fetuses were united together by the ischia (*soi à soi*), and which is considered by the author, as well as by M. Vernois, to confirm the deductions just given. After all, we need scarcely add, that M. St. Hilaire has merely cut the knot, he has not untied it.

New York Medical Journal.⁴

This is the first number of the periodical whose advent we announced some time ago. It consists of seven original communications, of hospital re-

¹ "These consequences do not spring directly from the *Mémoire* of M. Geoffroy. Hereafter he will develop his theory. We have merely stated it in advance."—M. V.

² The New York Journal of Medicine and Surgery, published quarterly, No. 1. July, 1839. 8vo. pp. 244. New York, 1839.

ports, bibliographical notices, and scientific intelligence. The journal is extremely well got up, and we wish it a long career of success and usefulness.

Proceedings of the Connecticut Medical Society¹

From the account of the Society's proceedings, we extract the following suggestions, appended to a report on the subject of vaccination.

"1. That every physician who attends at the birth of a child, should see that the child is vaccinated during its first year. This will serve to keep most parts of the State constantly supplied with virus. 2. That the most careful examination be made to ascertain from the appearance of the pock and areola, and the symptoms manifested, that the virus is genuine, and in all cases of doubt to re-vaccinate. 3. That physicians recommend revaccination once in ten or twelve years. 4. That they embrace every opportunity of obtaining the virus directly from the cow, and test its genuineness, and endeavour to ascertain from whence the disease in the cow originated." p. 9.

Journal of the Medical Convention of Ohio.²

The "Journal" is chiefly occupied with an interesting address of the President Dr. S. P. Hildreth, on the climate and early history of diseases in Ohio, at, and soon after, its first settlement by the whites. The address embraces—1. Topography and primitive aspect of the country on the Ohio river. 2. Climate and its changes from the effects of cultivation. 3. Diseases of the aborigines. 4. Diseases of the first white settlers, and early epidemics. 5. Treatment of diseases, thirty years since. 6. Recent epidemics. 7. Diseases common to the climate, with the modifications which have taken place from changes in diet, fashions, habits, &c. &c. 8. Closing remarks, on the privations and pleasures of physicians.

Such addresses are extremely valuable.

American Journal of Dental Science.³

This is the commencement of a most useful Journal. It is devoted to original articles, reviews of dental publications; the latest improvements in surgical and mechanical dentistry, and biographical sketches of distinguished dentists.

The present number, besides the journal matter, commences a reprint of the work of John Hunter, on the natural history of the human teeth, with notes by E. Parmly. In this manner the dentist will be supplied—as the physician is in our case as respects medical works—with the best works on dentistry, reprinted on good paper and with a good type. We hope the undertaking may be found to receive encouragement. It certainly merits it.

¹ Proceedings of the President and Fellows of the Connecticut Medical Society, in convention, May, 1839, with a list of the members of the society. 8vo. pp. 16. Hartford, 1839.

² Journal of the Proceedings of the Medical Convention of Ohio, at its third session, begun and held in the city of Cleveland, on the 14th and 15th days of May, 1839. (Published for free distribution by order of the Convention.) 8vo. pp. 48. Cleveland, 1839.

³ The American Journal of Dental Science, for June, 1839, vol. i. No. 1. Edited by Chapin A. Harris, Baltimore, and Eleazar Parmly, New York. 8vo. pp. 24.

*Dr. Carson's Address to the Graduates in Pharmacy.*¹

We have rarely seen a more sensible or appropriate address. Its tone is elevated, the style good, and the sentiments worthy of commendation. We doubt not that it must have created as favourable an impression on the minds of the author's hearers as it has done upon our own.

MISCELLANEOUS NOTICES.

*Treatment of Prolapsus Uteri.*²—Letter from DR. EVORY KENNEDY, Master of the Dublin Lying-in Hospital, to SIR BENJAMIN BRODIE, Bart., on the Use of Caustics in Prolapsus of the Uterus.—Dear Sir: As I perceive by the report of a late meeting of the Medico-Chirurgical Society, at which you presided, that the method of treating prolapsus of the uterus by caustics is now, in consequence of an interesting communication made by Mr. Phillips, of your city, attracting the notice of the profession in London, I am induced to call your attention to the results arrived at by me after having fairly tested this plan on an extensive scale. It is now several years since, influenced by precisely the motives which you so very justly expressed, it occurred to me that caustics might be safely used for the cure of this distressing complaint; and that thus the objects sought by the ingenious operation of Dr. M. Hall might be arrived at in a simpler, less painful, and more effectual manner. I consequently put it to the test in the part of our institution appropriated to diseases of females, and also in private practice. After trying acids, caustics, and the actual cautery, the results proved the actual cautery to be infinitely preferable to the other caustics. This, indeed, might have been anticipated, when we reflect that the object was the producing the maximum degree of contracting by cicatrisation. It also at once relieved us from the embarrassment which you foresee, and which I, in practice, found it very difficult to guard against, in the use of acids, as its action was limited to the exact parts required. In fact, the comparative success of the cautery is so much greater, that I now use it almost exclusively when I esteem that any advantage is to be gained by operation. I do not, however, as might be supposed by Dr. Burn's observations,³ limit the application of the cautery to the external opening of the vagina, but apply it also high up, taking in more or less of the circumference of the canal, and producing an eschar varying in extent according to the degree of relaxation. The operation is very easily performed, and, strange as it may appear, attended with comparatively little suffering, the severe pain being only momentary. The vagina is held open by metal spatulæ, and its walls, principally the lateral and posterior (the course of the urethral canal being carefully avoided), steadily touched with a cylindrical iron (at a white heat), about an inch and a half long, and five lines in diameter, after which a dossil of lint, well soaked in oil, is introduced. It may be necessary in obstinate cases to repeat the operation. I may mention that Mr. A. Colles, who has also been using the cautery here in prolapsus, prefers making a ring eschar all round at a point high up in the vagina. In a case which I have been treating within the last few days along with Sir Philip Crampton, he suggested, and practised, a very simple and ingenious method in its application, viz., the introducing Weiss's three-bladed speculum, dilating

¹ Address delivered to the Graduates of the Philadelphia College of Pharmacy, April 23, 1839. By Joseph Carson, M. D., Professor of Materia Medica and Pharmacy. 8vo. pp. 16. Philadelphia, 1839.

² London Lancet, June 8, 1839, p. 401.

³ See Burn's note in page 143, in addenda to his edition of 1837. It must have been my operation Dr. B. alludes to, as he saw some of the cases under treatment with me immediately before publishing his last edition, and I am not aware of its having been previously used.

the blades to about one half, guarding the os uteri by the introduction of a piece of sponge, and then pushing up the cauterising iron, which came in contact with those portions of the vagina only that protruded between the blades. As yet I cannot say whether this plan is equally or more efficacious than that previously adopted, but it certainly possesses the merit of simplicity.

Now, as to the results of this mode of treatment generally, whilst it would be idle to say, in a disease of this kind, where oftentimes all the soft structures constituting the lower or pelvic walls of the abdomen, namely, the peritoneum, pelvic fascia, levator ani, the perineum and its muscles, are in a state of lesion, that any degree of narrowing of the vagina possible to be produced, would necessarily cure the disease in all cases; yet I feel no hesitation in saying that in many cases it has succeeded where every other means had failed, and in all it has been attended, with more or less benefit. It must, however, be combined with strict attention to the recumbent posture for several weeks, and, if necessary, keeping the womb up whilst the parts are contracting by the introduction of a stalk pessary, or small bag filled with astringent powder. The patient must very gradually resume the upright posture and exertion. The use of tonics and aperients, if necessary, wearing a pad or T bandage, or Hull's utero-abdominal truss, whilst any tendency to prolapse remains, will add essentially to the cure; but the employment of these supports I have insisted upon, as a precaution in all cases, for a month or two after the operation, however complete the amendment may have appeared. In some obstinate and most unpromising cases, where no pessary could be retained, in the first instance, I have rested satisfied with inducing such a state of contraction with the cautery as enabled my patients to use pessaries. I do not, however, imagine that the operation of the cautery is confined entirely to the vaginal walls, but rather think the adjacent structures, if they do not undergo a direct change by the extension of the irritation, at least become necessarily altered, and a consequent contraction is induced in them also by their connections and relations with the vagina. For obvious reasons the cases most suited to this plan of practice are women who have passed the period of childbearing; but I have had recourse to it with benefit, and without inconvenience, in young and even unmarried females. Such a practice is only admissible, however, in extreme cases.

In concluding this communication allow me to add, that I have been induced to trespass upon you only from a conviction that it was my duty, as an individual in whom a great public trust is reposed, to inform the profession of any experience already possessed upon a subject now, apparently for the first time, opening upon their attention. I have availed myself, in so doing, of addressing you, because I knew no means so likely to prove effectual in accomplishing my object, certainly none so gratifying to the feelings of, dear sir, yours, most truly and respectfully,

EVORY KENNEDY.

Lying-in Hospital, Dublin,
May, 30, 1839.

BOOKS RECEIVED.

From the Author.—Address delivered to the Graduates of the Philadelphia College of Pharmacy, April 23, 1839. By Joseph Carson, M. D., Professor of Materia Medica and Pharmacy. 8vo. pp. 16. Philadelphia, 1839.

From the Publisher.—The New York Journal of Medicine and Surgery, published quarterly, No. 1, July, 1839. 8vo. pp. 244. New York, 1839.

From Dr. C. A. Lee.—The American Journal of Dental Science, for June, 1839, vol. i. No. 1. Edited by Chapin A. Harris, Baltimore, and Eleazar Parmly, New York. 8vo. pp. 24.





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ART. I.—CASE OF ABDOMINAL TUMOUR (FIBRO-SCIRRHOUS)
CONNECTED WITH THE UTERUS—AUTOPSY AND RE-
MARKS.

BY C. W. PENNOCK, M. D.

Physician to the Philadelphia Hospital, Blockley, (with a lithographic plate.)

Eliza Hyson (black), aged 36, married at 19, has never had children, has miscarried four times; in the three first instances between the sixth and seventh months, without any known cause; in a fourth pregnancy, fourteen years since, in the fifth month of gestation, was severely beaten and kicked in the lumbar region, which was followed by abortion the next morning. Since this event she has not been pregnant; the menstrual function, however, has continued until the last three months; no pain was experienced at the usual menstrual period, and the appearance of the secretion was natural. Twelve years since (two years after the beating) a distension of the right lumbar region was observed, which was mistaken for pregnancy; this tumour has gradually increased in size, and now presents an enormous enlargement. It has never been attended with pain, and she came into the hospital in consequence of the weight and inconvenience of the tumour, rather than for any other cause. Transient œdema of the limbs occurred in 1838. In the autumn of 1838 she entered the hospital, and was placed in the wards of Dr. Dunglison, where she remained some months. Being somewhat relieved, she requested her discharge, and, after a short absence, returned: the size of the tumour being much augmented. A few days after her re-entrance, the patient presented the following symptoms:—

February 14th, present state.—Slight emaciation; nothing peculiar in the expression of the countenance; intelligence perfect; no cellular infiltration; skin natural; decubitus dorsal, or on the left side; position in bed slightly elevated. *Chest* well formed. Percussion preternaturally resonant, and respiration feeble beneath right clavicle, elsewhere normal. *Percussion of heart* shows it dilated; rhythm of heart nearly normal; slight bellows sound accompanies the first, heard beneath the cartilage of left third rib, and beneath cartilages of second and third ribs on the right side near the sternum. Pulse 80, easily excited, somewhat tense.

Abdomen enormously distended by an internal tumour; the measurement from the symphyses of pubis to the ensiform cartilage, three feet; circumference round the umbilicus four feet eight inches. Percussion is flat, with the exception of right lumbar region near the spine, where it is resonant. In the epigastric and upper part of umbilical region, abdomen soft, elsewhere hard; hard globular masses, resisting pressure, felt in different portions of abdomen, particularly in the hypogastric, right iliac, and lumbar, extending up to right hypochondriac; fluctuation caused by palpation, on left side of

tumour, none anteriorly, imperfectly felt on right side. Appetite good; constipation; some difficulty in urining. Pulsation of femoral arteries distinct, but feeble.

In examination per vaginam, the finger is introduced with difficulty, from pressure of tumour filling the greater part of the cavity of the pelvis; the os tinæ found towards the right iliac crista, soft, and unchanged—neck not obliterated: the tumour, by strong pressure, may be raised, but upon withdrawing the hand, it sinks heavily downwards.

(Treatment palliative—mild cathartics, simple nutritious diet, hip baths, fomentations to abdomen, &c.)

On the 20th, fluctuation was observed in the upper and lateral portions of the abdomen, conveying the sensation of the existence of a slight effusion of fluid between the external parietes and tumour; no pain on pressure; pulse rather more tense, 90 per minute; skin of natural heat. Patient was directed to drink an infusion of juniper berries. \mathfrak{z} . bacc. juniperi \mathfrak{z} j. bitart. potassæ \mathfrak{z} ij. aquæ Oj. in the day, and pulv. Doveri grs. viij. at night. The fluid diminished very sensibly in a few days. No marked fever was at any time observed; patient remained almost constantly in a recumbent posture, not, as she frequently stated, from pain, but in consequence of the weight and sense of distension when sitting. Emaciation and debility rapidly increased.

Absence from the city prevented my seeing the patient during the last week of her life. My friend, Dr. Barnes, resident physician, reports, that on the 1st of March she had a severe chill, followed by fever, pain in the abdomen, great dyspnoea, and the physical signs of peritonitis and pneumonia. All means of relief proved unavailing, and this acute attack caused death in less than thirty-six hours from its commencement.

Autopsy fifty hours after death.—Frame, medium size; much emaciation; no effusion into cellular tissue.

Abdomen—Greatly enlarged, of an irregular globular form, measuring thirty-one inches and a half from pubes to ensiform cartilage; circumference over umbilicus, where distension is greatest, fifty-one inches. Percussion of abdomen flat, except in epigastric region, where it is resonant. Abdomen soft, except in hypogastric and right lumbar regions, where a hard, irregular, semicircular mass is felt, resembling a fetus at term; a globular mass is also felt to the left of umbilicus; fluctuation by palpitation in umbilical region.

Opening the abdomen two quarts of fetid bistre-coloured fluid escaped. Peritoneum and omentum thickened, covered with numerous bright scarlet patches, and are firmly united by bands to contiguous organs. Raising the omentum, a large globular tumour is seen, by which the intestines are displaced and forced into epigastric region; this tumour, sixteen by fourteen inches, occupies the whole of the hypogastric, umbilical, and greater part of lumbar regions, is anterior to the uterus, to the body of which it is firmly connected. United to this large tumour, at its inferior and left lateral margin, is another tumour, which projects into the cavity of the pelvis, and rests principally in the left iliac fossa. The tumours are firmly attached to the parietes of the abdomen and pelvis by membranous bands, and are covered externally by the peritoneum, which is much thickened, of a dark red colour, and interspersed with patches of minute arterial vessels. The large tumour on its right lateral margin is united in an extent of two inches with the cellular coat of the fundus and body of the uterus. Cellular tissue connects the peritoneal coat with the proper capsule of the tumours, which is of a pearl colour, hard, fibro-cellular, and a line in thickness. Near the connection of the tumour with the uterus cellular tissue is very abundant; it contains numerous meshes of blood-vessels, principally veins, is deeply injected, and resembles muscular fibre. The tumour, somewhat irregular and lobulated, is of unequal firmness, in some spots soft to the touch, in others, hard and resisting; evident fluctuation exists over the softer portions

corresponding with that observed during life. Incision being made into the large tumour, it is found to be filled with more than six gallons of fetid yellow brown (*café-au-lait*), thick, and viscid fluid, in which float yellow flocculi and small fibrous masses. The walls of the tumour from three lines to three inches thick, are of variable consistence, which in some parts resemble that of cartilage, and grating under the scalpel, in others the firmness of pork. General aspect of its surface when cut, is of a light blue passing into French gray, interspersed with pale pink, and is intersected with striæ of pearly whiteness; these bands divide it into small masses which are smooth when first cut, but soon rise in slight elevations. The internal surface of the tumour is very irregular; in its walls are cells filled with a yellow deposit, of the consistence of cheese, and numerous pendant masses of the fibrous character and appearance above mentioned are attached to its parietes. Some portions of the internal surfaces are much injected, of a bright arterial hue. The tumour in the left iliac fossa is five inches by four; shape ovoid; very firm; scalpel cutting it with difficulty; solid, with the exception of a small central canal by which it communicates with the large tumour; around this canal the substance is softened, of a yellowish brown colour. The tumour is fibro-scirrhous, and resembles in structure the walls of the large tumour.

Uterus—Displaced, lying towards the right crista of the ileum, irregular in shape, three inches long, two wide, hardened, and scirrhus; its walls present a very evident muscular structure, the fibres of which interlace with the capsules of the tumours; when cut, the parietes present a marbled appearance from pale blue and straw-coloured nodules intersected by white striæ; *the neck* is much elongated, five inches in length, and lies between the two large tumours first described. *Os tinæ* natural, soft to the touch. *Ovaries*—*right ovary* slightly enlarged, containing an ounce of thick glutinous, and dark fluid; *left ovary* normal. In the broad ligament, near its fimbriated extremity, are numerous deposits in the cellular tissue, of small, flat, and circular carcinomatous masses.

Near the fundus of the uterus, connected with its cellular coat, and covered by its peritoneal, are three sessile, unsoftened, fibro-scirrhous tumours, from the size of a hazel-nut to that of a walnut. A fourth tumour, fibro-cartilaginous externally, and containing a thick, yellow, gelatinous fluid, similar to that of the largest tumour, is embedded in the cellular tissue. A pedunculated tumour, two inches in diameter, is connected with the neck of the uterus by a slender stem four inches long.

Stomach—Contracted; mucous membrane very pale; cellular and muscular coats thickened, particularly near pylorus; pyloric orifice contracted and hardened.

Small intestines—Throughout very pale; mucous coat normal; absence of red vessels in mucous tissue, but numerous vessels containing globules of yellow substance seen in the jejunum. *Mucous coat of colon* dark gray, consistence normal; cellular coat much thickened and opaline.

Mesenteric glands—Generally normal; meso-colic hardened and scirrhus, slightly enlarged.

Liver—Slate colour, not congested, somewhat enlarged, consistence natural; gall-bladder distended by bile of thin consistence, and of bright lemon hue.

Kidneys.—Left, atrophied, pale, bossellated; cortical substance granulated; attached to it are several hydatids of the size of a hazel-nut. The *right kidney* enlarged, displaced, resting on the bodies of the vertebra; cortical substance buff-coloured, slightly granulated.

Spleen—Enlarged, six by four inches, soft, friable, no carcinomatous deposit.

Bladder.—Parietes thinner than natural, otherwise healthy.

Ureters—Pass on either side around the semi-circumference of the large tumour.

Thorax—lungs.—The right, normal, except along the upper margin of the upper lobe, where it is emphysematous. Left, congested, friable, not hepatized.

Heart.—Pericardium adherent to left pleura; upon its surface are raised opaline patches. No adhesion of pericardium to the heart. Right cavities of the heart are dilated; valves of the aorta are thickened; ossific deposit on the edges; mitral valve thickened with cartilaginous deposit; parietes of right ventricle three and a half lines. Left, normal. *Brain* not examined.

Remarks.—From the colour of the serous membrane, and from that of the fluid found in the cavity of the abdomen exterior to the tumour, it is evident that chronic peritonitis and ascites must have existed for some time. The symptoms occurring in the last days of life, the vivid arterial redness in patches on the peritoneum, and the engorgement of the left lung, prove the immediate cause of death to have been an attack of acute peritonitis with commencing pneumonia. All the tumours were evidently of the same character—the identity of the structure of the walls, and the internal pendant masses of the large tumour with the formation of the others, show, that originally it must have been solid throughout. The colour, pale blue, passing into gray, the granulated appearance and hardness of the surface when cut, are indications of scirrhus; whilst the unusual development of the fibrous deposit, and the osseous and cartilaginous changes, indicate the character of the formation to be mixed, fibro-scirrhus.

Several points of interest, in addition to its great size, are connected with the history of this tumour. During the long continuance of its formation, twelve years, the patient does not seem to have suffered the violent pain so frequently attendant upon this class of affections; only slight œdema of the limbs resulted from the pressure of the tumour upon the abdominal arteries; the menstrual function continued unaffected until a short time before death, and although the softening of the large tumour and the formation of the purulent secretion were very great, yet no marked hectic was observed.

The singular character of these heterologous formations has engaged much of the attention of pathologists, and the cause of their production is yet but imperfectly understood. It would seem that the most satisfactory theory is, that the deposit is formed in the capillary system, intermediate to the arteries and veins. In the present instance we have seen that the carcinomatous formation was observed in the cellular tissue of the broad ligament, unconnected with any secreting glands. A question of great interest is presented respecting the circulation in these tumours; by many it is thought that the small quantity of blood which permeates them must be from the veins. This theory Bérard, in some very happy experiments on encephaloid formation, (detailed in *Dictionnaire de Médecine*, article, Cancer,) disproves, showing it to be exclusively arterial, and that the veins become obliterated by the new formation obstructing their caliber. Anxious to ascertain whether any vessels entered into the scirrhus masses, repeated attempts at injecting them were made, in which I was very kindly and skilfully assisted by Dr. McKee, of North Carolina, resident physician. Unfortunately for a satisfactory result, the tumours had been removed some time from the body previous to the attempt; every precaution, however, was taken to ensure success, but we could not force a minute injection into the arteries further than a short distance beyond the capsule of the tumours, whilst the vein seemed effectually closed by that tunic. The problem respecting the circulation through these formations is extremely interesting, and it is hoped it will soon be satisfactorily elucidated.

Great pains were taken to inject the pedunculated tumour, supposing that its pedicle must contain bloodvessels for its nutrition. In this we were entirely unsuccessful, and examining the stem by a microscope, we were convinced that it was a duplicature of the peritoneum, containing merely capillary vessels. We were induced, therefore, to regard the pedunculated tumours as resulting from a deposit in the cellular tissue, beneath the

peritoneum, which formation, by its growth, forms a mass, the weight of which carries before it a portion of the serous coat as one of its investing tunics, whilst the pedicle (a duplicature of peritoneum) is elongated in proportion to the increase of the tumour.

The diagnosis of the precise character of abdominal tumours connected with the uterus, is attended with much difficulty; so many of the physical characters are common to the form of tumours described in this case and to those of the ovaries that the positive diagnosis would seem impossible. It has been supposed that in all cases of ovarian disease the menstrual function would be suppressed, and that the continuance of the catamenia would indicate that the tumour was unconnected with the ovaries; but numerous cases could be cited which entirely disprove that idea. Among the more recent writers, the distinguished pathologist, Dr. Bright, reports several cases of ovarian tumours occurring under his own observation, where the catamenia regularly recurred at each monthly period. "No certainty," observes Dr. B., "is to be derived from this indication, as in ovarian disease the catamenia are sometimes regular, sometimes irregular, sometimes wanting; alterations in the mammæ are alike uncertain."¹ The origin of these tumours from the pelvis generally distinguishes them at the commencement from all other abdominal tumours, except those arising from the thickening of the coats of the bladder and the scirrhus affections of the uterus. In those cases examination by the vagina must be called into requisition, and the central situation of these viscera, the peculiar hardening and irregularity of the uterus are generally sufficient to indicate the organ affected. The tumours, when softened and admitting of fluctuation, or when the cysts in the ovaries are distended by fluid, may, of course, be distinguished from ascites by their circumscribed extent.

The ultimate prognosis of the disease we have presented, is most unfavourable. Recurring to the paper of Dr. Bright, we find twenty-one cases of malignant ovarian tumours which terminated fatally. Of these, the immediate cause of death is given in fifteen instances; in two death took place in a short time after the development of the disease, from irritation, probably induced by the mechanical pressure of the tumour; in six cases from inflammation, caused by paracentesis; four other cases, where the malignant disease undermined the constitution, and gradually led to a fatal result; three, where internal rupture of the cysts occurred.

The duration of the disease is various, from a few months to fifteen or twenty years. As regards the *cure*, no flattering prospect can be presented. In the early stage of the disease, before the formation has attained a large size, occasional local depletion by cups and leeches; the *careful* exhibition of iodine with its combinations, together with its application by inunction—revulsives, rigid observation of all hygienic rules, "so as to maintain the general health in a state unfavourable to the rapid development of the disease," are all that experience has taught us to expect from our remedies. The indication is, therefore, to restore and preserve the natural secretions, maintain the strength, and subdue inordinate action, whether local or general. It is of the first importance that the patient should have the benefit of a pure atmosphere—crowded cities, and more especially the wards of hospitals, are objectionable. Of the therapeutic remedies, calculated to effect the indication, and to relieve pain, irritation, and the harassing neuralgic and dyspeptic symptoms, which are the general attendants upon the disease, may be mentioned, local application to the spine, either as counter-irritants or anodynes, and the exhibition, among others, of the bitters and mild tonics, alkalies, antacids, taraxacum, minute doses of the mercurials, sarsaparilla—the various narcotics, as conium, hyosciamus, stramonium, belladonna, opium, with the salts of morphia, whilst care must be taken to prevent constipation, by the administration of mild laxatives.

¹ Guy's Hospital Reports, 1838.

By Dr. Young, of London,¹ pressure, in cases of external scirrhus, has been very highly recommended, and his views of its beneficial effects have been entirely confirmed by Recamier, one of the physicians of the Hôtel Dieu, of Paris. It is impossible to produce much compression of internal abdominal scirrhus tumours, yet, relying on the authority of the distinguished names mentioned, it is proper that tight bandaging of the abdomen should be employed.

Of the internal remedies, Recamier² places his greatest reliance upon conium, the curative virtues of which greatly depend, he states, on the quantity of food consumed by the patient; that is to say, the operation of the remedy was much more marked when but a small quantity of food was allowed, whilst its effects were hardly perceptible when the quantity was considerable. Whilst using the conium, he therefore restricts his patients to a severe diet. The following are the principles of his treatment.³

First.—The patient takes a dose of the extract of conium,⁴ evening and morning, two hours before the first, and two hours after the last meal. The amount of the first dose is half a grain, which is gradually increased to six grains at a time—this dose is continued for a fortnight in order that the organs may become habituated to its operation, and is afterwards increased to twelve grains each time, beyond which it is not necessary to carry the remedy, as its influence is then sufficient. The twelve grain dose is continued from two, to three or four weeks.

Second.—After each dose of the conium, as well as at meals, the patient uses a decoction of sarsaparilla, (composed of two ounces of the root to two pounds of water,) instead of water.

Third.—Only the third of the ordinary quantity of food is allowed, which ought to be very simple, and divided into three small meals.

Fourth.—If the conium disagree in one form it should be given in another, or the aconitum may be used instead, but in lesser quantity than the conium. Towards the end of the treatment the dose of the conium is gradually diminished, and the diet gradually increased.

By these remedies, judiciously employed, M. Recamier states his success in cancer to have been very satisfactory. In this he has been more fortunate than most physicians have been in their treatment of the malignant abdominal tumours connected with the uterus; generally, all they effect is, to retard the progress of the disease, render it stationary for a time, but sooner or later it recurs with renewed violence and goes rapidly forward.

When the disease has advanced to softening, and fluctuation is distinctly felt, paracentesis is recommended, which operation is performed in the hope of prolonging life—cure, in this case, cannot be anticipated.

EXPLANATION OF THE PLATE.

The tumour, one fourth of its natural size, is represented as raised upwards from the pelvis by the hooks *l. l.*

a. Pelvis.

b. Urinary bladder.

¹ Cases of Cancer, etc. London, 1816.

² Recherches sur le Traitement de Cancer, par M. Recamier.

³ Cyclopædia of Practical Medicine, art. Scirrhus.

⁴ M. Recamier prepares the extract of conium in the following manner, and to the excellence of the preparation he ascribes much of his success. "The plant is submitted to the action of the vapour of vinegar or alcohol, before the juice is expressed from it; the juice is afterwards exposed to the heat of a sand bath, and evaporated to the consistence of an extract. The extract thus obtained has not the nauseous odour of that usually employed, whilst it possesses all the deobstruent virtues, and suits better on the stomach than the latter."

- c. Body of the uterus.
- c'. Neck of the uterus, which is much elongated (5 inches).
- c". Os tincae.
- d. Ovaries and fallopian tubes.
- e. Tumours, sessile and pedunculated.
- f. Fibro-scirrhous tumour connected with the large tumour g, with which it communicates, as indicated by the wire, m.
- g. Large tumour laid open by a triangular incision.
- h. Internal surface, very irregular from the pendant scirrhous masses and numerous cells in the walls of the tumour;—on the smoother portions are patches of arterial capillaries.
- i. Fibrous pedunculated tumour, composed principally of ossific deposit.
- k. Membranous bands to omentum and peritoneum of contiguous organs.

ART. II.—CLINICAL REMARKS ON TWO CASES OF PARALYSIS.

BY DR. A. T. THOMSON.¹

Delivered at University College Hospital, May 22, 1839.

Gentlemen,—I have to bring before you to-day, said Dr. Thomson, two cases of paralysis, out of five which are at present in the hospital. I have selected these cases because they are illustrative of the fact which has been so well insisted on by Rostan, that paralysis is rather to be regarded as a symptom of various morbid conditions or affections, than as a specific or idiopathic disease. Both of them also display both forms of paralysis, viz., *anæsthesia*, or defect of sensation, and *akinesia*, or loss of volition.

The first case is that of Charles Collins, who was admitted into the hospital on the 16th of April, 1839. He is 32 years of age, stout made, of a dark, bilious complexion; a stone Sawyer; he is married. His father died of phthisis. He was born and resides in London, in a dry, healthy situation. He was formerly intemperate in his habits; has been subject to indigestion, attended with cramp; and has also had occasional attacks of epistaxis. Three years ago he was a patient in this hospital on account of hæmoptysis, caused by an attempt to lift a heavy weight. He was then cured; but, since that time, he has been subject to pain of the left side of the head, which increased about eighteen months ago. He was then attacked with vomiting and constipation of the bowels, with chills extending from the occiput to the sacrum; occasionally they spread over the whole body. To these symptoms weakness of the left hand and arm supervened; an abscess formed in the palm of the hand, and was succeeded by loss of power in that hand and arm. The abscess was opened, and he was relieved of this attack in St. Bartholomew's Hospital; but, a month after he left it, the pain of the head returned, especially when he indulged in spirituous liquors, and eight months ago the hand was again affected with abscesses, which were opened, but not with the effect, as in the first instance, of removing the paralysis, which, on the contrary, increased, and about a fortnight before his admission into this hospital, extended to the lower extremity of the left side.

On his admission he complained of pricking pains on the left side of the head, loss of power in the left arm, the wrist of which was flexed, as in a case of paralysis from poisoning with carbonate of lead. The paralysis extended in a slighter degree to the left leg, and in walking he dragged the left foot. The pulse was strong, full, and 90. The countenance was not

¹ London Lancet, June 8, 1839, p. 391.

indicative of much disease, although the upper lip was rather swollen. The tongue was red at the tip, with the papillæ a little elongated; and when it was protruded it inclined to the left side. The appetite was good; the bowels were regular; the urine was rather scanty and high coloured, but he had not observed that it deposited any sediment. On examining the paralysed limb I found that it was swollen; there was no swelling of the leg. The seat of the pain in the head was about the centre of the left parietal bone.

From the history of this case there is no difficulty in tracing the paralysis to some organic affection of the brain, accompanied probably with congestion of the spinal chord, a state which is not unfrequently the result of free living, and little bodily exercise. Now, the occupation of this man, namely, that of a stone-sawyer, although the arms are moved, is nevertheless a sedentary one; and headachs supervening in such persons, are frequently the precursors either of apoplexy or paralysis. In this form of cephalalgia, the digestive organs are always more or less affected, and in our case, this was evidenced by the vomiting and constipation which preceded the attack of paralysis.

I am induced to refer the headach in this case to some organic affection of the brain, from the pain being more fixed, more constant, and more deep-seated, than in simple *congestive* and *dyspeptic* cephalalgia; and from its being more severe in the horizontal position, as well as its aggravation on taking any spirituous liquors or stimulants into the stomach. The vomitings, also, which attended the pains of the head, although not peculiar to organic cephalalgia, yet indicate it when they are induced by slight motion of the head, and when they are independent of any obvious deranged condition of the stomach. The sickness, in such cases, does not relieve the headach, but frequently augments it.

Such were the grounds of diagnosis which led to the practice adopted in this case; but before detailing it I may mention that we have no satisfactory method of ascertaining the nature of the organic change which has taken place within the cranium; the most common is a thickening and partial disorganisation of the meninges; and I was induced to refer the affection of the head to this condition of the membranes, rather than to any effusion of blood into the substance of the brain, chiefly from the circumstance of the paralysis being on the same side as the headach.

Such being my opinion of the origin of the paralysis, my first object was to relieve the congestion necessarily dependent on such a condition of the encephalon. The patient was, therefore, ordered to be cupped behind the ears to the extent of sixteen ounces, and a blister nearly a foot in length was directed to be applied upon the spine. The bowels were regulated by the daily use of the following pill: one grain of calomel, one grain of ipecacuanha powder, and four grains of extract of aloes; and in order to promote the absorption of any matter deposited on the membranes of the brain, he was also directed to take three grains of the iodide of potassium, dissolved in one ounce of water, three times a day, and to be put upon middle diet.

On the 20th the headach was relieved by these means, but not removed, and although he possessed more power over the left limb, the pulse was still full, tense and incompressible. He was bled from the arm to sixteen ounces, and the medicines were continued. The blood displayed no buffy coat, nor any sign of inflammation. The bowels being still constipated, he was ordered a five-grain calomel pill, and a black draught, which purged him freely. On the 26th the head was still in pain, but in other respects his condition was much improved. The swelling of the left hand was reduced; the extensors of the wrist now acted so as to bring the hand into a line with the arm, and he was capable of moving his fingers. He could also walk without dragging his left foot. He was again cupped to the amount of ten ounces behind the ears, and the same medicines were continued. The

report on the 29th was less favourable. The headach continued, and was augmented on lying down, and was also accompanied by chilliness. As I was apprehensive that the increase of headach might have resulted from the excitant influence of the iodide, it was ordered to be discontinued. He was again cupped behind the ears, to sixteen ounces, and an issue was formed in the nape of the neck.

May 6. He had continued gradually improving since the formation of the issue, and had now acquired considerable power in using the hand, and walking well. The pulse was soft and regular, and the skin cool; but he still complained of headach. He was again cupped to ten ounces; and this was repeated to twelve ounces on the 8th. The headach was always relieved by the cupping; but as the relief was only transitory, and as he complained of debility from the loss of blood, I was desirous of trying whether the same benefit would not be obtained by diminishing the circulating mass, and at the same time promoting absorption by means of calomel and elaterium. The pills which he had hitherto taken were discontinued, and the following were ordered: calomel, four grains; elaterium, one grain; bread-crumbs, a scruple; to be made into eight equal pills, one of which was taken every six hours. The anticipated benefit resulted from this change; the power over the hand and wrist was greatly augmented; he walks well, and the headach now only returns occasionally. Still, however, it returns; and, consequently, the prognosis, is less favourable with respect to his ultimate recovery than might be anticipated.

If my diagnosis be correct, this is exactly one of those cases in which powerful and long-continued counter-irritation would prove highly beneficial, if not completely curative. The actual cautery has been applied to the head in organic cephalalgia, with decided advantage, when the pain has been unaccompanied by paralysis, the presence of which, however, is no reason against its employment. I have never yet applied it to the scalp, and I am, therefore, disposed, rather than venture to experiment in a case which promises so favourable a termination under milder treatment, to form an issue in the scalp, as recommended by Dr. Pritchard, namely, by an incision four or five inches long, separating the edges of the wound by a row of pins. From this, with the continued use of the elaterium at longer intervals, and strictly-regulated diet, much may be expected.

The next case is that of Richard Clay, who has been in the hospital since the 13th of August, 1838, and has undergone a great variety of treatment. The form of paralysis under which he is suffering is paraplegia, evidently arising from the effects of a blow which he received upwards of eight years ago, ever since which he has experienced more or less pain in the part. The paralysis first showed itself four years ago, when he caught cold from sitting without his shoes and stockings whilst he was in a state of profuse perspiration. It commenced with pricking and numbness of the feet and ankles, and gradually extended upwards. It was accompanied with vertiginous feelings, which cupping did not relieve. The bladder became slightly paralysed, the testicles wasted, and all sexual desire was lost.

At the time of his admission there existed tenderness over the last dorsal and the first lumbar vertebræ, pain in the lumbar region, and along the course of the ureters, anæsthesia of both legs, coldness, and total loss of motion. The bladder and the rectum had recovered their natural functions; the upper extremities were defective in sensation and motion, greatest at the tips of the fingers, and diminishing towards the wrists. The numbness was greater in the palmar than on the dorsal surface. Although he had been long confined to bed there was no sloughing of the nates, which is not uncommon in paraplegia.

The foregoing history of the case was sufficient to lead to the suspicion that the paralysis had originated in diseased action set up in the spine, and gradually extended to the brain, the morbid condition of which was evidenced by the vertigo and general disturbance of the cerebral functions which had

supervened; but still there was no doubt that the spine was the organ chiefly affected, and much of the difficulty usually experienced in determining the precise seat of the lesion was lessened by reference to the part where he had received the blow, and where tenderness on pressure was experienced. I was inclined to think that chronic inflammation and thickening of the meninges existed, and I have had no reason for altering my opinion. It is not easy to determine whether the inflammatory action, even when it is acute, extends to the cord itself; but it is probable that were this the case, it would have caused either rigidity or tetanic spasms of the muscles of the back, neither of which has occurred in Clay's case. The only reason which would induce the belief that the substance of the chord was affected was the diminished sensibility, the contrary being the case when the meninges only are inflamed. There could, however, be only one opinion that there existed chronic spinal meningitis, and the treatment was conducted upon that supposition. It would be tedious and unprofitable to occupy your time with the details of the treatment. He was cupped; blistered along near the whole of the spine; twice cauterised with the *white-hot iron* on each side of the painful part of the spine; and at different times treated with various counter-irritants, namely, the tartar emetic ointment; ointment with croton and castor oil; and a liniment composed of strong liquor ammoniæ. The internal remedies were at one time calomel and iodide of potassium; at another acetate of strychnia; and, lastly, the infusion of arnica montanum. He certainly improved, to a certain extent, under each of the courses of medicine which were adopted, but not to any great degree; and although he can now walk a short distance with the aid of a crutch, and the arm of another person, yet the left limb still drags, and he would fall were he not supported by the person whose arm he holds. The only decided benefit is in the arms, over which he has now complete control and feeling. He is at present daily electrified, from the spine to the toes of each limb, and thinks he has gained some advantage from it.

From the long continuance and the obstinacy of this case, I need scarcely say, gentlemen, that the prognosis is not of a favourable kind. Whatever may be the real condition of the chord, whether new formations of a cartilaginous description, or osseous matter, the result of the long-continued chronic inflammation, exist on its membranes, or whether the chord itself is indurated, the prospect of a cure is equally uncertain. I confess that I have not seen much advantage derived from counter-irritants, except from the use of the actual cautery, which exerts the influence both of a counter-irritant and an issue. In three cases, in private practice, it proved completely successful; and equally so in another, which occurred in this hospital soon after it was opened; and although I have not repeated it in Clay's case, yet I am of opinion that if any thing will prove serviceable, it is the long-continued influence of powerful issues, with rest in the horizontal posture; close attention to the digestive organs and the bowels, and such internal remedies as will efficiently influence the capillaries and aid absorption. It is my intention, if the electricity fail of producing any decided advantage, to open issues again by the actual cautery, and put him upon a course of calomel and elaterium.

For the American Medical Intelligencer.

ART. III.—DANGER OF SWALLOWING THE STONES OF FRUIT.

CASE OF BEAN IMPACTED IN THE APPENDIX VERMIFORMIS CÆCI.

Sir,—To the case of fatal inflammation of the vermiform process, from a concretion therein,¹ may be added another, from a bean impacted in that singular intestinal appendage, that occurred in the son of the late eminent

¹ Med. Intel. for June 15, 1839, p. 96.

English baptist minister, Mr. Evans; an account of whose brief, but promising life, and short illness I read several years since. Few young men gave greater expectations of eminent usefulness, as a divine, to the duties of which calling he had only a short time before been ordained. The bean, of course, must have been swallowed without mastication, and probably from deficient boiling, resisted the action of the stomach, and passed unchanged to the colon. I was particularly impressed with the case of young Evans, at the time I read the account of it, from knowing that it is a common practice among the vulgar of this country, and even with those from whom more discretion might be expected, to swallow the stones of the cherries they eat, and I have no doubt if post-mortem examination were more frequently made in the country, in the case of death from violent colics and fever, that impacted stones of that fruit would often be found in the appendix vermiformis. At any rate, the practice is disgusting, and ought not to be tolerated. I once heard a decent man say, that the cherry stones promoted the digestion of the fruit!! The gallinaceous tribe do, indeed, find gravel absolutely necessary to ensure digestion, but in man the process is not, as in their case, effected by trituration.

J. M.

*Schuylkill Seventh street.*BIBLIOGRAPHICAL NOTICES.¹*Guy's Hospital Reports, No. VIII.*

This valuable periodical does not decline in its titles to usefulness. The present number contains twelve communications—by Drs. Addison, Guy, Golding Bird, Ashwell, Hughes, Rees, and Bright; and by Messrs. Alfred S. Taylor, Teale, Tweedie, Key, and Bransby B. Cooper. The most elaborate are those of Mr. A. S. Taylor, "On Perforations of the Stomach from Poisoning and Disease;" and of Dr. Bright "On Abdominal Tumours and Intumescence; illustrated by cases of renal disease;" the former of which we shall probably republish the first opportunity.

MISCELLANEOUS NOTICES.

Quarterly Report of the Obstetric Practice in the Philadelphia Dispensary, fourth, fifth, and sixth months, 1839. JOSEPH WARRINGTON, Accoucheur.—Seventeen women have been delivered at full time, one at about eight months and one at about four and a half months of gestation—making nineteen cases which have been under the care of the institution since last report.

Ten boys and nine girls have been born during this time, one woman having twin boys. The sex of the abortion was not noted.

In twelve cases in which the position of the fœtus was carefully observed, four presented in the first, six in the second, and two in the fourth position

¹ *Guy's Hospital Reports, No. VIII. Apl. 1839. Edited by George H. Barlow, M. A. and L. M. Trin. Coll. Camb. &c. and James P. Babington, M. A. Trin. Coll. Camb. &c. &c. with nine plates. 8vo. pp. 262.*

of the vertex. The twins presented, the first in the fourth, and the second in the second position.

The average duration of labour in twelve cases was four hours and twenty minutes, the extremes being two and twelve hours.

The average time required for the spontaneous expulsion of the placenta in eight cases was sixteen minutes, the extremes being two and thirty minutes.

In two other cases it was necessary to introduce the hand partially into the uterus; in one of them, for the purpose of dilating the os uteri, which had contracted upon the placenta; and in the other for the separation of a portion of the placenta and membranes, which were adherent to the parietes of the uterus. The placenta, when removed, was found studded with numerous points of ossification. The child, however, was well developed, and the mother recovered without accident.

The subject of labour at eight months was in the last stages of pulmonary consumption, and in a state of extreme prostration, when the contractions of the uterus came on and expelled the child without any marked effort on the part of the mother, who died eight days after; the lacteal secretion not having taken place.

One patient who had a very easy labour, was attacked with metritis the third day after delivery. The affection was promptly removed by free, repeated bleeding from the arm, saline cathartics, fomentations to the hypogastrium, and mucilaginous injections into the vagina—she was convalescent on the fifth day after the attack. The children have all done well.

Dr. Boyer, who presides over the general practice of the north middle district, states, that "While attending M. H. was consulted by his wife, a tall, large woman, of sanguine temperament, who described herself as being seven months pregnant. She had at that time a vaginal hemorrhage, of several days' duration. The discharge, she said, was fluid, and persisted in stating it at a pint per diem. It was attended with pain, increased by exertion, headach, flushed countenance, full pulse, but no decided heat of skin. She had had more or less hemorrhage in all her previous pregnancies, and also at an earlier period of this—had not had a living child for six years, but had aborted several times, at an early stage of gestation, during the three years succeeding the birth of her last child. She was vague in the account of her labours, but recollected that she had once been delivered by turning. Subsequently to her last abortion she was treated for some uterine affection by leeches and cauterisation, and had never regained her health, though she menstruated with regularity for some time previously to her present pregnancy.

Directed V. S.: opiates and astringents in combination; rest. Rest, owing to circumstances, was only observed when the copiousness of the discharge created alarm, and then not more than for twelve hours at a time. The hemorrhage continued variably for two weeks, seldom as abundant as before mentioned, and sometimes absent for a whole day, and finally subsided. Thinking herself in labour, a week or more afterwards, I was sent for, and found the os uteri undeveloped, the lips thicker and firmer than natural, and a nipplelike prominence on one lip, while the other gave to the finger the sensation of a depression, with ragged edges and a surface wanting in natural smoothness. The same characters were recognised at a subsequent examination on a like occasion. Early in June she was delivered of a large child by the natural efforts. The labour was in nothing remarkable, though somewhat prolonged.

This case was not one of those very rare ones of menstruation during pregnancy, since it occurred only at two periods, and was then continued too long for that function. It is probable, though not demonstrable, that it was not from the placenta, but was from an ulcer on the lip of the os uteri.

The mother seemed benefited by the loss of blood, and the size of the child proved that it was not injured by it.

On a peculiar Form of Congenital Tumour of the Neck. By CESAR HAWKINS, Esq., Surgeon to St. George's Hospital.¹—The author's intention in the present communication is not to refer to the tumours met with in such variety in new-born infants, which are liable to immediate or future increase, and are composed, for the most part, of a single cyst, with various contents; he, on the contrary, restricts himself to the consideration of a peculiar form of congenital tumour, which is composed of many cysts joined together, in which the proportion of organised matter is so considerable as to give a more solid character to the tumour, and make it deserve the character of *cystic tumour* as much as the apparently analogous cases of cystic sarcoma occasionally found in the breast, testis, or ovary of adults.

The author having met with seven such tumours in the necks of young children, was led to hope that he may be enabled to throw some light upon their diagnosis, which may be acceptable to the society. He accordingly relates the details of several of them, one of which was treated with complete success by the method pointed out by the author; and some others were in a state of progressive amendment when lost sight of by him. The treatment is described by the author as follows:—1st. The cysts may be emptied from time to time by a grooved needle; so as to leave no scar whatever, or by a lancet when situated in the mouth. 2dly. Pressure may be employed, especially after the evacuation of the fluid in some situations, as in front of the ear, although, of course, this means is generally inapplicable, on account of its obvious interference with respiration, mastication, and deglutition. 3dly. Stimulant applications may be constantly employed of such a strength as to excite moderate inflammation, but stopping short of suppuration to avoid deformity. The applications employed by the author have been, the ointment of hydriodate of potassa, rubbed in by the hand; a solution of a dram of iodine and two scruples of hydriodate of potassa in an ounce of water, painted over the tumour. One of the patients, a child, eleven weeks old, sent to the author by Dr. Willis, having died, an opportunity was afforded for a minute examination of the tumour, of which the author relates the circumstances in detail.

Case of Dry Gangrene in a Child. By SAMUEL SOLLY, F. R. S. &c.²—William Chandler, the subject of the disease in question, is the son of a bargeman, and it is probable, from the high wages earned by his father, is better nourished than the greater number of the children of the poor. He was under the immediate superintendence of Mr. Bayley, of Oldham, who was unable to discover any thing in his diet to explain the occurrence of the remarkable form of disease under which he laboured.

The author visited the patient in company with Mr. Bury, of Farnham, on the 29th of January last, at which time three of his limbs—the left leg and both arms—were in an advanced state of destruction by dry gangrene. Three days before his first visit the right fore-arm had been amputated by nature at the elbow-joint, but the slough had extended above the joint, where a second attempt at amputation was in progress. The foot of the left leg was completely removed just above the ankle-joint, between the epiphyses and the shafts of the tibia and fibula, leaving the extremities of the bones exposed. On the right foot the phalanges of the second and third toes had been removed.

The author learned from the mother of the child that the disease had begun in the month of August last; both his feet becoming of a purple colour. Sloughing had commenced in September on the right leg. These sloughs separated, and the wound healed in a month; that on the left leg never healed, but gradually opened, and a line of demarcation being set up,

¹ Lond. Med. Gaz. June 8, 1839, p. 396.

² Ibid. p. 307.

amputation gradually took place, and the limb was entirely removed on the 30th December. It is impossible to convey, in the brief space of an abstract, an adequate idea of the appearance of the several limbs, whose condition, while the disease was in progress, and after nature had wrought the cure, is shown in two spirited sketches which accompanied the paper.

The stump of the left arm promised to be rather conical, but those of the leg and arm will be fleshy and round, equally so with many stumps resulting from artificial amputation.

*Operation for Wry-Neck.*¹—Sir: The axiom, "There is nothing new under the sun," scarcely needs confirmation, and yet I cannot resist the temptation to furnish you with a fresh proof of its legitimacy. Take one of the few passages worth recording in "Ward's Diary," the whole of which was written between the years 1648 and 1679. Is it not truly lamentable to be thus forced to trace back the brilliant operations of Dr. Stromeyer to a mountebank of the 17th century? But are not most brilliant discoveries subject to similar penalties? Voici le fait! In offering which to your attention, I beg to subscribe myself, sir,

Your most obedient servant,

To the Editor of the Medical Gazette.

ANTIQUARIUS.

"The mountebank that cutt wry necks, cutt three tendons in one child's neck, and hee did it thus: first by making a small orifice with his launcet, and lifting up the tendon for fear of the jugular vein—then by putting in his incision knife and cutting them upwards; they give a great snapp when cutt. The orifice of his wounds are small, and scarce any blood follows. Some are wry neckt from the womb; they only lay a melilot plaister to heal the wound; the plaister must bee a fresh one every day. As for the symptoms of this cutting, they are only these: that about a day or two after, the child will be sickish, some humour falling on the stomach of itt, as the mountebank says. When hee hath cutt itt, hee bends the child's neck the other way, and puts on a capp and a fillet tied to the capp, and so ties it under the arm-pitts, and so by constant bending the head that way, itt becomes straight and upe right."—*Ward's Diary*, pp. 273-4.

College of Physicians and Surgeons, New York.—Dr. Delafield, Professor of Midwifery, and Dr. Alban Goldsmith, Professor of Surgery, have resigned their professorships. Dr. Robert Watts, Jr., has been appointed Professor of Descriptive Anatomy; Dr. W. Parker, of Cincinnati, Lecturer on Surgery, and Dr. J. R. Manley, of New York, Lecturer on Midwifery.

Albany Medical College.—Dr. G. S. Bedford has been recently appointed Professor of Midwifery and the Diseases of Women and Children in this institution.

On the Structure of the Corpus Luteum. By ROBERT LEE, M. D., F. R. S. Read before the Royal Medico-Chirurgical Society of London, June 11th, 1839.²—The author commences with a short description of the mature Graafian vesicle in the human ovarium, which he represents as a small spherical pellucid sac, containing the ovum, the granule, and the fluid with which it is surrounded. The vesicle itself he describes as always consist-

¹ Lond. Med. Gaz. June 8, 1839, p. 398.

² Ibid. June 29, 1839, p. 504.

ing of two membranous layers or coats, closely adhering together, the external surface being loosely united to the proper substance of the ovarium by soft cellular tissue, bloodvessels and nerves.

When impregnation takes place, the coats of the Graafian vesicle and peritoneum covering it burst, the contents escape, and around it a corpus luteum is gradually formed. The author states that the observations of De Graaf, Haller and others, have proved that the corpus luteum is always formed in that ovarium from which the impregnated ovum has escaped; but it has not been positively determined by them whether the corpus luteum is produced by a thickening of the inner layer of the vesicle, as Professor Baer has supposed, or between the coats, as Dr. Montgomery believes, and if corpora lutea are not sometimes formed in the ovaria of women who have never been pregnant.

The author then proceeds to describe the appearances which he observed in the ovarium of a woman who died in St. George's Hospital, at the end of the second month of pregnancy, which have induced him to conclude that the corpus luteum is formed around both layers of the Graafian vesicle, and not between its coats, or by a thickening of the inner membrane. In the preparation of the ovarium the Graafian vesicle, like a small cyst, consisting of two distinct layers separated from one another, was clearly seen. A drawing of the recent corpus luteum, which had a deep orange colour, was likewise exhibited.

In two specimens of Fallopian tube conception, which were placed upon the table, the Graafian vesicle was likewise seen surrounded by the corpus luteum. The same fact, the author adds, is still more evident in the ovarium of the gravid uterus of ten weeks, described and figured in the 17th volume of the *Medico-Chirurgical Transactions*.

In several of the preparations in the Hunterian Museum, at the College of Surgeons, which the author has recently examined, with Mr. Owen, he states that the Graafian vesicle is also seen enclosed within the corpus luteum, and forming its central cavity.

The author concludes this part of the paper by recommending additional observations to be made upon the subject, when opportunities, which are not very frequent, present themselves, in order that the correctness of the view which he has given of the structure of the corpus luteum may be rendered perfectly conclusive. All observations upon the subject, to be decisive, he remarks, should be made soon after impregnation and the date of conception, and all other circumstances should be clearly stated.

The author next proceeds to describe the changes which the corpus luteum undergoes in the latter months of pregnancy, and after delivery; and observes, that it is frequently almost wholly absorbed about the end of the third month subsequent to parturition. Various preparations were exhibited to illustrate these appearances.

In the ovaria of women who have never been pregnant, yellow, oval-shaped bodies, he observes, are frequently found, which it is difficult to distinguish from true corpora lutea resulting from impregnation. The greater number of these are produced by blood extravasated within the Graafian vesicles; and he thinks they can generally be distinguished from true corpora lutea by this circumstance, that in the latter the corpus luteum surrounds the Graafian vesicles, but in false corpora lutea the yellow substance is usually contained within the Graafian vesicle. A thickening of the coats of the Graafian vesicle, and the changes it undergoes during menstruation, the author also conceives, might readily be mistaken for true corpora lutea. Various preparations and drawings were also exhibited to illustrate these statements; and Dr. Lee closes the paper with the following remark, that from all the observations hitherto made on the corpus luteum, we may infer that it is never found but as a consequence of impregnation; that the yellow oval-shaped substances found in the ovaria of women who have not been pregnant, may be distinguished from true corpora lutea by the smallness of

their size and irregularity of their shape, the greater depth at which they are situate in the ovarium, the absence of the white membranous appearance of the centre, and by the fawn or yellow-coloured substance being enclosed within the cavity, and not formed around the exterior surface of the Graafian vesicle.

Jefferson Medical College.—Dr. Joseph Pancoast and Dr. Robert M. Huston have been respectively appointed to the chairs of Principles and Practice of Surgery, and of Materia Medica and Pharmacy in this institution.

NECROLOGY.

Dr. Thomas Davies.—We regret to observe the death of an old contemporary in practice—with whom we were on terms of intimacy in London—announced in one of the recent periodicals.¹ Dr. Davies, about twenty years ago, was threatened with phthisis, and went to reside in the south of France. After this, about fifteen years since, he established himself in practice in London, and was, at the time of his death, assistant physician to the London Hospital, and one of the physicians to an institution in the city for diseases of the lungs. Whilst in France, he attended to the then new doctrine of the physical signs of thoracic diseases, and became celebrated for his diagnosis in such affections. His lectures, on these subjects, have been published.

BOOKS RECEIVED.

From Professor Revere.—Report of the Evidence in the case of John Stephen Bartlett, M. D. versus the Mass. Medical Society, as given before a committee of the Legislature at the session of 1839. (Printed under the direction of the Chairman of the committee, by order of the House). 8vo. pp. 55. Boston, 1839.

From the same.—Annual Report of the Trustees of the New England Institution for the Education of the Blind to the Corporation. 8vo. pp. 28. Boston, 1839.

From Dr. J. R. Coxe, (Presented to him by Dr. Gregory, the Author).—Report of the Physician of the Smallpox and Vaccination Hospital, St. Pancras, presented to the Annual General Court of Governors, held at the hospital, on Friday, Feb. 1, 1839, 8vo. pp. 8. Lond. 1839.

Minutes of the Medical Society of Tennessee, at the tenth annual meeting, held in Nashville, May, 1839. 8vo. pp. 44. Columbia, 1839.

From the Author.—Boylston Prize Dissertations on 1. Inflammation of the Periosteum. 2. Enuresis Irritata. 3. Cutaneous Diseases. 4. Cancer of the Breast. Also, Remarks on Malaria. By Usher Parsons, M. D., late Professor of Anatomy and Surgery, Brown University, &c. &c. 8vo. pp. 248. Boston, 1839.

¹ Lond. Med. Gazette, June 8, p. 96.

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ART. I.—CASES OF EPISIORAPHY¹ AND TENOTOMY.

BY PROFESSOR GEDDINGS, OF CHARLESTON, S. C.

[The following extract is from a letter to the editor by Professor Geddings. Professor G. has not given us permission to publish it, but he has not forbidden it, and we are satisfied he will pardon the liberty we have taken in placing it before our readers.]

A few days ago I performed an operation for prolapsus uteri, which presents some interest. A female slave, aged about 35, the mother of one child, had been affected with this distressing displacement of the uterus for upwards of fifteen years, to such a degree, that the organ protruded from the vulva in form of a large rough tumour, rendering her incapable of any kind of exertion. As the prolapsus could be reduced, though not retained, I resolved to perform the operation of *episioraphy*, recommended, and successfully practised, by Fricke, of Hamburg,—the vagina, however, being very much relaxed, I deemed it advisable to so modify the operative procedure, as to combine with it the advantages of the plans proposed by Marshall Hall and Professor Dieffenbach. By making an incision, commencing on each side, two fingers' breadth below the upper commissure of the vulva, about a finger's breadth of each labium was removed, together with the fourchette—the two incisions being so conducted as to meet at an acute angle in perineo; the mucous membrane of the vagina was also dissected away, on each side, to the extent of an inch and a half. After the hemorrhage, which was inconsiderable, had ceased, the two raw surfaces were brought in apposition by means of a quilled suture of five stitches. A catheter was left in the bladder, and suitable dressings were secured by means of a 'T' bandage.

On the second day the catheter was removed, on account of the constant escape of the urine by its side. Since then, nothing but light dressings have been applied; but on the fourth day, union having taken place, the sutures were removed. The parts are now healing kindly, and I am pleased to say, that, thus far, my patient seems to have every prospect of being completely relieved of a most loathsome and distressing malady.

Like many of my contemporaries, I, too, have been dividing tendons. In one case, the semi-tendinosus was severed to overcome a contraction at the knee, by which the heel was drawn up to the buttock. The deformity was occasioned by an extensive cicatrix, reaching from the upper third of the thigh to the vicinity of the heel. This was dissected away, when on attempting to extend the limb, it was found necessary to divide the semi-tendinosus muscle. The member was kept in a permanent state of extension

¹ From *σπινθηρ*, the labium pudendi (modern), and *σπινθηρ*, "suture."—Ed.

by means of a machine somewhat like the fracture apparatus of our friend, Dr. N. R. Smith, until the parts were healed. The limb is now perfectly straight.

Another case was one of pes equinus, affecting both feet. The individual was a young lady, aged 14, and the deformity was congenital. The skin on the inner side of the tendo-achillis, in each leg, was punctured by a small knife, (but little larger than the common iris knife,) and the edge of the instrument being turned towards the tendon, it was easily divided. The severance was marked by a loud snap, and the recession of the two ends of the tendon. For the first ten days the only apparatus used was a shoe, having a buckle attached near the toe, from which a strap extended upwards, in front of the leg, to fasten to another strap fixed around the limb, above the knee. After this time, a modification of Stromeyer's apparatus was employed. The small punctures healed in a few days, and gave no trouble; but the patient residing one hundred and fifty miles from town, I have not been able to learn how far the operation was successful. The last intelligence I received was, that there was some contraction of the ham-string muscles, which the writer ascribed to rheumatism.

ART. II.—ON THE DISORDERS OF THE BRAIN, CONNECTED WITH DISEASED KIDNEYS.

BY THOMAS ADDISON, M. D.¹

The object of this communication is threefold:—First, To point out the general character and individual forms of cerebral disorder connected with interrupted function of the kidneys, from whatever cause such interrupted function may arise. Secondly, To show, that, in recent as well as in chronic disease of the kidney, the cerebral disorder is not unfrequently the most prominent, and occasionally the only obvious symptom present. And, Thirdly, To establish a means of diagnosis, in such obscure or unsuspected cases, upon the peculiar character of the cerebral affection.

That suppression of urine has the effect of inducing disorder of the brain, has long been familiar to the profession; and was recently illustrated, in a valuable communication made by Sir H. Hallford to the Royal College of Physicians. It is also well known to surgeons, that mechanical obstruction to the discharge of urine, when long continued, is occasionally followed by a similar result; and Dr. Bright has not failed to demonstrate, that there exists, in many instances, a corresponding connection between disorder of the brain and the peculiar change of kidney he has so well described, and so fully illustrated, in his recently published works.

I am not, however, aware that any attempt has hitherto been made to specify with precision, and in detail, the several forms of cerebral disorder arising in connection with disease of the kidney; or that any one has sought to found, upon the character of these cerebral affections, a means of diagnosis available in cases in which, from the absence of the ordinary symptoms of nephritis, of every form of dropsical effusion, and of an albuminous state of the urine, the diseased condition of the kidneys is liable to be altogether overlooked. Experience and observation having led me to the belief that such obscure cases are by no means of very rare occurrence, and that, in the absence of other indications, the renal disease may occasionally be recognised with tolerable certainty by the character of the cerebral disorder alone. I venture to offer what follows as embracing an outline—although a very imperfect outline, I confess—of the general character and individual forms of cerebral disorder arising in connection with interrupted function of the kidneys.

According to my experience, the general character of cerebral affections

¹ Guy's Hospital Reports, No. viii. April, 1839, p. 1.

connected with renal disease is marked by a *pale face, a quiet pulse, a contracted or undilated and obedient pupil, and the absence of paralysis*:—this general character, however, being somewhat modified in certain cases, by circumstances attending the individual attack.

So far as I have yet been able to observe, the individual forms of cerebral disorder connected with renal disease are the five following:—

1. A more or less sudden attack of *quiet stupor*; which may be temporary and repeated; or permanent, ending in death.

2. A sudden attack of a *peculiar modification of coma and stertor*; which may be temporary, or end in death.

3. A sudden attack of *convulsions*; which may be temporary, or terminate in death.

4. A *combination of the two latter*; consisting of a sudden attack of coma and stertor, accompanied by constant or intermitting convulsions.

5. A state of *dulness of intellect, sluggishness of manner, and drowsiness*, often preceded by *giddiness, dimness of sight, and pain in the head*; proceeding either to *coma* alone, or to *coma accompanied by convulsions*; the coma presenting the peculiar character already alluded to.

With respect to the first mentioned form of cerebral disorder connected with renal disease, that of quiet stupor, it is, in its most exquisite form, probably the least frequently met with; the face is pale, the pulse quiet, the pupil natural, or at least obedient to light; and although the patient may lie almost completely motionless, there is no paralysis; for, on attentively watching him for some time, he will be observed slightly to move all the extremities. By agitating him, and speaking loudly, he may sometimes be partially roused for a moment, but quickly relapses into stupor, as before; or it may not be possible to rouse him at all. There is little or no labour of respiration, no stertor, and no convulsions. Slight degrees of it occasionally precede and pass into the next or second form.

This second form of cerebral affection is that of a sudden attack of coma with stertor, or in other words, apoplexy: it is, nevertheless, different from ordinary apoplexy: it is the serous apoplexy of authors, and presents the usual general characters of cerebral affection depending upon renal disease; for the face, instead of being flushed, is, in almost every instance, remarkably pale; the pulse, though sometimes small, and more rarely full, is remarkably quiet, or almost natural; the pupil, also, although occasionally dilated or contracted, is often remarkably natural in size, and obedient to light; and there is no paralysis. When the labour of respiration is very great, the general character is apt to be modified by an accelerated pulse, and occasionally by a slight flush of the countenance. The coma is for the most part complete, so that the patient cannot be roused to intelligence for a single moment. The stertor is very peculiar, and in a great measure characteristic of this form of cerebral affection, connected with renal disease: it has not, by any means, in general, the deep, rough, guttural, or nasal sound of ordinary apoplexy: it is sometimes slightly of this kind; but much more commonly the stertor presents more of a hissing character, as if produced by the air, both in inspiration and in expiration, striking against the hard palate or even against the lips of the patient, rather than against the velum and throat, as in ordinary apoplectic stertor: the act of respiration, too, is usually, from the first, much more hurried than is observed in the coma of ordinary apoplexy. The peculiar stertor coupled with the pale face has, in more instances than one, enabled me to pronounce with confidence the disease to be renal, without asking a single question, and in cases, too, in which no renal disease whatever had for a moment been suspected.

The third form of cerebral disorder connected with renal disease is that of a sudden attack of convulsions. In this case, also, the countenance is, for the most part, remarkably pale, although, occasionally, slightly flushed at intervals: the pupil is often but little affected: in slight attacks of the kind, the pulse is sometimes singularly quiet; but when the convulsions are

severe, and especially when there is such a degree of coma as to be attended with stertor, the heart often sympathises, and the pulse becomes rapid, irregular, and jerking. This form of cerebral affection often passes into the fourth variety; or the cerebral affection shall take on the form of the fourth variety from the commencement: in the latter case we have merely a combination of the second and third varieties—the coma, hurried breathing, stertor, and convulsions being so blended together as often to have led to a dispute, whether the affection ought to be designated apoplexy or epilepsy. From what has been already stated, it may in general be very easily recognised as one of the common forms of cerebral disorder connected with renal disease.

The fifth variety is that in which the cerebral disorder makes its approach in a more gradual and insidious manner, usually commencing with dulness of intellect, sluggishness of manner, and drowsiness, gradually proceeding to coma, and more or less stertor, with or without convulsions; these states being, at the same time, distinguished by the general indications already pointed out. This form of cerebral disorder appears to be that which most commonly supervenes in the progress of the morbid change of kidney described by Dr. Bright; and is very frequently preceded by giddiness, dimness of sight, and pain in the head.

It is scarcely necessary to acknowledge, that it remains for future experience and observation to furnish the details of this very imperfect sketch, both as regards the general character and the individual modifications and complications of the cerebral disorders connected with interrupted function of the kidneys. There is, however, one highly interesting question, to which I may briefly advert; and that is, whether there really exists any discoverable relation between the character of the renal affection and of that of the brain—whether the form, permanence, and violence of the cerebral disorder bear any relation whatever to the activity, duration, and extent of the renal disease. This part of the enquiry is, so far as I know, altogether new; and although I am not, at present, in possession of a sufficient number of well-digested facts to justify any very decided or confident conclusions, I nevertheless have imagined that I have already perceived a certain degree of relation between the actual condition of the kidney and the character of the cerebral affection.

Of all the more serious affections of the brain arising in connection with renal disease, the mildest form appears to be that of a tendency to a state of quiet stupor, varying in degree from a mere torpidity of manner and sluggishness of intellect, to complete insensibility to all surrounding objects. Accordingly, I have found this form of cerebral disorder most frequently present in what may be regarded as the least formidable, or more temporary derangements of the kidney. The most exquisite example I ever saw, occurred in a man, who at the time presented no dropsical symptom whatever, whose urine was not albuminous, and who made no complaint of pain or uneasiness in his loins. After death the cortical part of the kidneys was found highly injected, of a deep-red or almost chocolate colour, and somewhat softened in its texture; in short, furnishing the strongest indications of a recent nephritic attack in a subdued form: it is also my belief, that the same state of things not unfrequently takes place, at an early period, in the progress of scarlatina: we observe an approach to a similar condition of brain in cases of fever, in which the bladder has been allowed to become over-distended; and most assuredly in cases of retention from stricture, and in cases of calculus in the kidney. In all these instances, the interruption or impediment to the urinary secretion may be said to be recent or incomplete; and hence, probably, the less degree of severity of the cerebral affection, and the less peril to the patient; for in such instances the symptoms very commonly pass away, and the patient recovers. When, however, the hurtful cause is of an originally nephritic character, the chance of recovery will be less than when the cause of obstruction happens to be merely mechanical and temporary.

The next, in point of severity, of the cerebral affections connected with renal disease appears to be that of convulsions, with comparatively little stertor;—convulsions, however, which may prove speedily fatal; or which may be repeated an indefinite number of times, but from which the patient very often completely and permanently recovers. Accordingly, I have observed this form of more simple convulsions most frequently associated with what may fairly be regarded as a more exquisite and enduring form of renal disease than that just alluded to: I have observed it most frequently in cases of renal dropsy, subsequent to scarlatina; and in that form of renal dropsy supposed to arise from direct exposure to damp and cold, and commonly known by the name of inflammatory dropsy. As the renal affection has already proceeded to induce dropsy, we cannot but regard it as more fixed and more formidable than in the cases described as being attended with more or less of quiet stupor: and accordingly, instead of merely a certain degree of this latter condition, we have convulsion which may indeed prove fatal, but from which, as already observed, the patient often completely and permanently recovers.

As might have been expected, the most stubborn and intractable, as well as the most fatal cases of cerebral disorder connected with renal disease are unquestionably those found associated with the chronic and irremediable disorganisation of kidney described and illustrated by Dr. Bright. It is nevertheless very far from being true, that every such case of renal disease is associated with cerebral disorder: on the contrary, in no very inconsiderable proportion of such cases, even till the period of their fatal termination, no cerebral derangement whatever, or, at least, none of sufficient intensity to attract particular attention, has been observed. Why cerebral symptoms should supervene in one case and not in another, or, in other words, what it is that determines their development in this and in other forms of renal disease, it is impossible, in the present state of our knowledge, to ascertain: for although a simultaneous diminution of the urinary secretion may occasionally be observed, such a coincidence is by no means constant; the secretion, in some instances, continuing to flow in a very fair quantity, even at the period of the most formidable attacks of cerebral disorder.

Considering the gravity, permanence, and irremediable nature of the disorganisation in this form of renal disease, we might naturally expect that the cerebral disorder, when it does supervene, would, in its constancy, urgency, and intractability, be found in some measure to correspond;—and, accordingly, this has really appeared to me to be the case; the patient suffering repeatedly, or more or less constantly, from heaviness, drowsiness, giddiness, or pain or sense of tightness in the head, and being peculiarly liable to be suddenly seized with the most alarming and most fatal of all the forms of cerebral disorder occurring in connection with renal disease—profound coma and stertor, with or without convulsions.

I have purposely omitted to notice the morbid changes discovered in the brain after death: they are well known to be very often, in appearance at least, extremely slight; and do not, as far as we are yet aware, either in their kind, degree, or situation, offer any explanation of the form or severity of the cerebral disorder which proved the immediate cause of death.

In concluding this brief and imperfect communication, I would again repeat, that my object has been to direct attention to an important and interesting enquiry, rather than to profess a knowledge of the many details and exceptions which must necessarily arise out of future well-directed observation and experience. My pretensions extend not beyond a conviction, that the cerebral affections which occur in connection with renal disease, or other cause of interrupted urinary secretion, present a character generally recognisable by obvious indications; and that these cerebral disorders of renal origin not unfrequently supervene in the absence of ischuria, of dropsy, and of those symptoms usually regarded as essential to ordinary nephritis, or, at least, of such a degree of the latter as would be sufficient to attract particular attention, unless supported by the character of the cerebral disorder.

ART. III.—DEATH FROM PUMPING AIR INTO THE EUSTACHIAN TUBE.¹

An inquest was held on the 26th and 28th ult., before Mr. Wakley, at the Plough, Museum street, on the body of Joseph Hall, aged 18. He died, while undergoing an operation, on Saturday, the 22d of June, for the relief of deafness, at the house of Dr. Turnbull, in Russell square. The operation consisted in pumping air through the nostrils into the Eustachian tube; it was repeated four times on the deceased, and on the tube of the instrument being taken from his nostril the fourth time, he fell back in the chair, and never spoke afterwards. Charles Spadbrow, the witness, had had the operation performed on himself four times at a sitting. It produced a swimming in the head, and a portion of the air appeared to escape by the mouth, and the rest down the throat.

Three medical witnesses were examined: Mr. James Reid, Mr. Savage, and Mr. Liston. Their evidence is given, as follows, in the *Times* of July 1st:—

Mr. James Reid deposed, "that he found a thin layer of blood on the left side of the membrane of the brain, and globules of air under it, and in the small veins of the brain; that the left tympanum, or internal ear, had its lining membrane swollen, of red appearance, and there was a slight effusion of blood in it. From the known plethoric habit of the deceased, and from the fact of his having exerted himself at filling the air-pump before he was operated upon, he should say the cause of his death was apoplexy.

"Mr. Savage, lecturer on anatomy to the Westminster Hospital, was next examined, and differed from the last witness, and stated that there was extravasated blood on both sides of the membrane, and that the tympanum of the right ear was affected as well as the left. He did not consider that deceased died of apoplexy, but that the injection of cold air through the Eustachian tubes was the primary cause of deceased's death. He knew that the instrument used by Dr. Turnbull would be affected by this opinion, but he did not think the operator in the case at all to blame, as he could not be aware of the nervous susceptibility of the patient.

"Mr. Liston, surgeon to University College Hospital, stated that he was present at the post-mortem examination, at the request of the coroner, and the probability was that the deceased died in a continued fainting fit. He could not easily disconnect the forcible injection of cold air into the tympanum from the effect that followed it. In the region of the tympanum were a number of small nerves connected with the most important one of the body, which receiving an impression, would cause spasms, or other fatal affections of the heart. Nothing precisely satisfactory could be come to, on account of the decomposed state of the body."

The verdict was, "Accidental death," with a caution to Dr. Turnbull never again to intrust the instrument in unprofessional hands; Mr. Lyon, his assistant, who operated on Hall, not being, we suppose, a medical practitioner.

This case is so exceedingly interesting, that we hope the medical witnesses will publish their opinions in a more trustworthy form. If we understand the evidence, it is clear that Hall's death was the direct effect of the operation. Somebody who professes to cure deafness by catheterising the Eustachian tube has taken this opportunity of praising himself up to the skies; but we would suggest to him in a quiet, friendly way, that as good wine needs no bush, so a really good operation needs no puffing; that Dr. Kramer, of Berlin, does not owe his reputation to advertisements; and that a man who trusts to these fleeting harbingers of fame is evidently destitute of the *fiduciam magnarum rerum*—the true stamp of genius and reputation.

¹ Lond. Med. Gaz. July 6, 1839, p. 538.

To the Editor of the Medical Gazette.

Sir,—Two deaths having taken place within a few days, the consequence of operations performed upon the ear, I beg leave to offer a word or two to those paying attention to diseases of the ear.

Firstly.—Under no circumstances ought the tube from the air-condenser to be accurately fitted to the catheter, one extremity of which is placed in the orifice of the Eustachian tube; but, as has been forcibly pointed out by the reviewer in the current number of the *British and Foreign Medical Review*, p. 95, the “nozzle of the tube of the air-press should be held during the operation so loosely in the dilated end of the catheter that there may be room for air to regurgitate.” By adopting this plan, although I have operated on my own ears many dozens of times, and upon patients many hundreds, I have never even produced emphysema, or any pain in the ear.

Secondly.—The condensed air must not be allowed to rush into the cavity of the tympanum in the form of “charges,” but in a gentle and continued stream. Any one thinking of the peculiar and powerful effect produced in the ear and over the whole of the head, during, and for some moments after, the distension of the cavity of the tympanum by a forcible expiration with closed nostrils, can well imagine the result of a “charge” from a powerful air compressor.

Thirdly.—No one ought to undertake the performance of the operation who has not attained considerable dexterity and tact by the passage of instruments on the dead subject.—I am, sir, your obedient servant,

J. T.

For the *American Medical Intelligencer*.

ART. IV.—DIVISION OF THE STERNO-CLEIDO-MASTOIDEUS MUSCLE FOR WRY-NECK OR TORTICOLLIS.

BY DR. ALBERT G. WALTER, OF PITTSBURG, PA.

Professor Dunglison,

Sir,—If you deem the following case and the accompanying remarks deserving a place in your valuable journal, you are at liberty to insert them.

Very respectfully,

Your obedient servant,

Pittsburg, Pa. July 29th, 1839.

A. G. WALTER.

The operation for wry-neck, like that for contracted feet or joints, founded upon the Strohmerian principle, (the division of the muscles or tendons beneath the skin,) is truly the greatest triumph of surgery. Any contracted joint, foot, or muscle, however great the deformity may be, or awkward the shape of the member, whatever may be the age of the patient or the standing of the disease, will admit of being restored to a perfectly natural shape and complete usefulness, provided the operation be performed with a true understanding of the anatomical and pathological condition of the part contracted, and with care to save the skin as much as possible.

The operation for club-foot being now warmly received by the profession in every country, since the most distinguished surgeons, Strohmer and Dieffenbach, established its practicability, is still rather defective with regard to patients advanced in life; for experience has amply proved, that by dividing the tendo Achillis alone, in adults, the club-foot never can be restored; and that by severing a few tendons more, such as of the tibialis posticus or flexor digitorum communis brevis, the restoration of the foot, still is very difficult and extremely painful, the member being far from regaining its natural shape. These cases, however, are reported as perfectly cured, although the toes point in, the patient resting principally on the outer side of the foot, and the prominence of the tarsal bones on the back of the foot being still very marked. This can be avoided, and the patient be saved from extreme suffering, protracted for months, if every tendon, muscle, and ligament, participating in the contraction, be divided, or anatomically speaking, a true dissection of the contracted foot be made.

It is the operation thus performed for which I claim to be the originator, and to which I intended to direct the attention of the profession, in a paper on club-foot, sent for publication last year to Philadelphia, when I had successfully operated on ten cases in this place, but which for reasons I do not know, has not yet appeared, although repeated requests for its publication from medical friends and physicians of the highest reputation of this place have been made to editors of the Philadelphia journals.¹

My experience, founded on a great number of operations of this kind in Germany and Pittsburgh, convinces me that there is not to be met with a single case of club-foot, of the worst kind, which would not be perfectly restored by this mode of operating.

The operation for wry-neck (being more simple) has reached already its perfection, since Professor Dieffenbach's, of Berlin, experience has established its success. It is less painful, and the after treatment being accomplished in a shorter time than that for club-foot, is almost entirely devoid of pain.

The first case with which I met in this place, was of a very bad kind, which was perfectly restored in the course of *eight days* after the operation, without the least uneasiness on the part of the patient.

George Salters, of Lebanon county, Pa., 34 years of age, saddler by trade, of strong constitution and healthy, was affected with a very great contraction of the left sterno-cleido-mastoid muscle, which came on after an injury when he was only a year old. The kind of injury, however, he is not able to explain, there being no mark of an injury on the skin covering the muscle. The head was closely approximated to the left shoulder: the whole muscle projected like a hard, thick, and tendinous ligament, not admitting of the least extension, preventing the patient from moving his head, and often causing great pain when he was at work. The whole left side of the face was drawn down to the shoulder, more especially the angle of the mouth, the external commissure of the eye, and the left ear. Both insertions of the muscle participated in the contraction; the posterior, however, less than the anterior. The cervical vertebræ formed a projection to the right side, being, however, perfectly free from any organic affection.

I met this patient accidentally four months ago, and proposed the operation to him, to which, being novel, he would not submit, apprehending injury to the large blood-vessels of the neck. Repeated proposals, however, with the assurance of safety and complete success, induced him to consent to its performance.

On the 19th of July, 1839, in the presence of Dr. I. P. Gazzam (to whom I feel greatly indebted for his unwearied kindness and friendly assistance towards me while introducing these operations) and Dr. Black, of this city, I performed the operation in the manner recommended by my preceptor, the celebrated Professor Dieffenbach. My patient being seated on a chair, I introduced a very narrow concave knife, such as I use for operating on club-feet, through the skin, three quarters of an inch above the clavicle, between both insertions of the muscle, and cut the anterior portion of the muscle directly across in a moment. A strong noise, like the breaking of a large cord, followed the operation, and the muscle relaxed immediately. To cut the posterior portion the knife was again introduced behind the muscle. The head turned to the right side at the same moment, leaving no trace of the contraction. There was no hemorrhage, but an oozing of a few drops of blood. A spica humeri was applied over the wound, covered with graduated compresses, and an antiphlogistic regimen ordered.

The day after the operation the small incisions (not exceeding the tenth of an inch) were healed. No inflammation or extravasation of blood being observed, I commenced extending the head on the same day by an appar-

¹ This paper has appeared, since our correspondent's communication was penned, in the last number of our respected cotemporary—the Eclectic Journal of Medicine.—Ed.

tus similar in construction to that of Glisson's swing, and made my patient wear a stiff collar. In this way I went on extending the head daily for eight days, when I had the satisfaction to see him perfectly cured of his deformity without the least uneasiness or pain on his part, and without being confined to bed a single day. His neck is perfectly straight, he can use it in any direction, feels more comfort in pursuing his usual occupations, and has excited great astonishment among his friends, who do not know him with his head straightened. The obliquity of the left side of his face has almost worn away and will entirely disappear. The curvature of the cervical spine also is gone.

It has been my practice to commence extension sooner in these cases than is done by Dieffenbach and other surgeons. Being aware of the rapidity of the union of divided tendons and muscles, when the skin is saved, I have never hesitated to tear the newly formed medium between the cut surfaces, and by this method have saved my patients a good deal of suffering which would have resulted from deferring the extension for many days, and thus have shortened the cure very much. In the last report of Professor Dieffenbach's operations for wry-neck, there is not a single case of a grown person cured under two or three weeks, and most of them only after a much longer period, while my patient, more advanced in life than any of his, was cured in eight days. The same happy result has attended my operations on club-feet, the worst cases of which, even in persons advanced in life, have been completely restored, after four weeks' extension, which, under other circumstances, would take as many months.

A full detail of my operations on club-feet, being twenty-five of the worst kind, and successfully cured in a few weeks, with the necessary remarks, is intended for publication as soon as circumstances will permit.

It is indeed strange that Dr. Togno, of Philadelphia, though he expresses himself in his analysis of Bouvier's memoir on club-foot (the Select Medical Library of June last) an advocate for the division of the tendo Achillis, so far back as 1831, should now entertain a different opinion after having been deterred from proposing the operation only by being opposed by high authority. Every surgeon engaged in orthopedic surgery in the principal hospitals of France and Germany, where this branch of surgery is particularly attended to, was convinced of the inefficacy of mechanical means in overcoming contracted feet and joints; for after years of painful trouble to the patient, the deformity remained nearly the same. This was the case in young persons, the more so in grown. Being aware of the inability of orthopedic means in these cases, the profession at large warmly received the new and ingenious operation, the division of the tendons, by which the community has been more benefited during the few years after its introduction than by orthopædia since the oldest times of surgery.

Dr. Togno, while professing orthopedic surgery, ought to have been the first to express his gratitude for the knowledge Strohmeier and Dieffenbach have conferred upon the profession, the more so as his orthopedic business will now grow very scarce if he will not resort to the judicious use of the knife. But is there any sound reason to prefer the painful, tiresome, and ineffectual proceeding of extension by mechanical means (which must be continued for months and years) to the section of the tendons, which accomplishes a perfect cure in a few weeks, with much less suffering to the patient?

Dr. Togno is too sanguine in his expression, and we fear not candid, when he states, at page 306 of his analysis, "I greatly fear that hereafter this operation will be resorted to in many instances in which a *simple and appropriate machine* would suffice, and would produce a more *perfect cure*:" again, "surgeons have been induced to perform this operation when it would have been *better* to have dispensed with it;" and also, page 305, "we resorted to a more *tedious* method, but which to our astonishment proved successful, even in the most deformed congenital cases of pes equinus of adults."

I entertain very little belief in these cures, and I hope the rest of the profession will agree with me. I have never seen, while attending the largest hospitals of Europe devoted to these cases, a single contraction of the tendons in grown persons cured.

The operation is *simple, easy, certain, and harmless*—so says Dr. T.—and nevertheless he opposes it and gives a preference to the mechanical treatment, while he is prepared at all times by his ingenuity to contrive machines properly modified to suit each individual case, not regarding the amount of suffering resulting from it, or the length of necessary attendance and the very little benefit, if any, following it. Vesication and ulceration of the skin, the necessary consequence of long continued pressure will be one of the disadvantages he has to combat with.

The apparatus surgeons are in the habit of employing in these cases is based on principles similar to those of Scarpa and Delpech, with modifications suiting every operator, for which there is not much claim for ingenuity, and none for originality.

But Dr. T.'s expectation goes certainly too far, when he believes his appropriate and ingeniously contrived machines would produce a *more perfect* cure. This stands in contradiction not only with the experience of every operator, but is, pathologically and physiologically speaking, wrong. A tendon being of an unyielding structure, can only be stretched to a small degree, and will resume its former condition as soon as the extension ceases. But being cut, a newly formed analogous structure is subjected to extension, which becomes consolidated after the extension is completed.

Lastly,—In opposition to Dr. T.'s sentiments, there is not a single case of deformed feet or joints, where the operation had better be dispensed with and left for his mechanical means. We are very much in favour of the section of tendons and muscles in cases of deformities from no small share of experience in its success, and do not fear Dr. T.'s disapprobation, from our operations having been extended on a larger scale than by any other surgeon.

We do not feel, indeed, a desire to augment the number of tendons cut in the course of a year, if there is not to be gained a real benefit, but can assure Dr. T. that we very often, in cases of club-feet, severed six tendons, three muscles, and some ligaments at a time. We operated lately on a gentleman of high reputation, of this place, affected with the worst kind of varus in this manner, and had the satisfaction to see his foot perfectly straight in four weeks, on which he walked about a week later. Would orthopedic means ever cure such cases, although subjecting them to constant trouble, protracted for many years? We hope Dr. T. will think better of this new operation, when experience shall have enabled him to form an opinion about it all.

Orthopedic surgery, based on mechanical means, has come now to its expiration nearly, being substituted by the proper and skilful use of the knife; for the knife shall not be the last resort in contractions, (as Dr. T. wishes,) but is the only and judicious means to effect a cure. Any attempt to overcome a badly contracted member by mechanical means, without previous cutting, is cruel and irrational.

BIBLIOGRAPHICAL NOTICES.

*Minutes of the Medical Society of Tennessee.*¹

Besides the minutes of the society, the pamphlet before us contains a sensible address delivered before the society by Dr. A. A. Buchanan, of

¹ Minutes of the Medical Society of Tennessee, at the tenth annual meeting held in Nashville, May, 1839. 8vo. pp. 44. Columbia, 1839.

Columbia; extracts from the introductory part of a strange address on "the late epidemic Asiatic Cholera," by Dr. F. Stith; and a case illustrative of the etiology of spontaneous amputation of the limbs of the fœtus in utero, by Dr. Buchanan.

The chief subjects of the first address are the suppression of quackery and the improvement of the profession in Tennessee.

"Under existing circumstances," says Dr. Buchanan, "the greatest good that we can effect is to endeavour to accomplish the objects for which we were instituted:—it is clear, from the words of our charter, that it was not intended or expected that we should regulate the practice of the profession, or suppress quackery; but surely we can in a very great degree maintain the proper character of the profession, by guarding the entrance into our ranks, and making it obligatory upon those who wish to become members of this society, to be at least sufficiently qualified, to obtain a diploma from any of our medical schools. Such, I am satisfied, are the attainments of all our present members, who number over two hundred; and, with such a force of learned and intelligent men!—men! whom the highest orders in our country have pronounced to be learned doctors!—is it possible that nothing can be accomplished by their combined efforts, that will be worth transmitting to posterity, or calculated to shed light upon the benighted path of the medical philosopher! Are there no diseases in Tennessee whose history is calculated to throw light upon many moot points in pathology and physiology? Are there no plants upon the mountain top, or in the rich and beautiful valleys of our delightful country, that are new and interesting, and calculated to excite the highest curiosity and delight in the medical botanist, as well as crown him who will explore their virtues and history with durable fame? Have our minerals all been explored and their virtues tested? Or is it designed that this herculean task shall all be performed by the distinguished professor who is now geologist to the state? Has our climate, our soil, and topography, been sufficiently studied and described? or have we all these subjects, and numerous others, yet to investigate and explain? I need not say we have; and with this wide field before us, all new and unexplored, inviting our investigations, and awaiting to bestow high and lasting honours upon us, is it possible that the learned assembly I am now addressing are willing to shrink from a task which promises such rich rewards, and idly lounge upon the indolent idea that we can accomplish no good under the present form of our charter? The widely extended country over which the members of this society are scattered, has been brought up in argument against its stability and usefulness; but it matters not how wide the scope of country—so much the better: so much the greater variety of soil, climate, and diseases, and consequently so much the wider field for observation and usefulness. It is not expected, nor is it reasonable to expect, that our brethren from the eastern section of our state, or from the remote borders of the western district, will annually meet us here in *propria persona*. But there is nothing to prevent them from making their observations, recording their facts, describing their districts, reporting their cases, writing their essays, and forwarding them to this society at each annual meeting. By so doing they would contribute as much to the general fund of knowledge, and reap as high rewards as if they were present. As members of the profession of medicine, we are each one bound to contribute his mite to complete the scientific edifice, whose foundation has been so often laid and upturn. The numerous doctrines that have been advanced and overthrown, since the time of Hippocrates, sufficiently prove the intrinsic difficulties attendant upon the investigation of our science; and the numerous theories now in vogue, both in Europe and our own country, notwithstanding the real acquisitions that have been made to our knowledge in every department of medicine, still admonish us that the most important and essential truths have yet to be discovered. We are therefore called upon by a sense of duty, by the obscurity which hangs over our science, and by the illustrious examples who have gone before us, to give our united efforts to the advancement of the science of medicine."—p. 28.

We have characterised the second address, by Dr. Stith, as "strange." We shall leave our readers to form their own opinion from the peroration. If they comprehend it fully they are more fortunate than ourselves. The appeal to phrenology includes a rich supposition. It must indeed—in the author's view—be "a universal solvent"—for distressed theorists at the least.

"The error that I conceive to exist in all who have preceded me, is that they have been too limited, too bounded, too narrow in their views, and too exclusive in their theories, to compass the truth, the whole truth, and nothing but the truth.—Thus you see, that to compass this subject, I conceive it necessary to know something of all the elements of humanity—not that alone, but that these elements must be viewed in connection with all that constitutes the immensity of this vast universe, and, together with the universe, must be referred to the author of all things.

"Although the papers and medical periodicals were every where filled with facts and comments on the subject of the influence of fear, in inviting and in bringing to a fatal issue the disease thus invited, in the cases of particular individuals, yet no one asks the question, what may the moral and intellectual nature of man have to do with the epidemic character of this disease?

"All the world seems with one accord to have gone in pursuit of prophylactics, and of remedial agents, and not one solitary individual has thought fit to turn back to re-examine the philosophy of human life, to see if any of its elements, any of its phenomena, remain yet in obscurity; no one asks the question, how much does human existence depend on faith, or on moral and intellectual laws? or what may these laws have to do with the *developments* of design in the schemes of God's providence? Or what these laws may have to do with the *modus propegandi* [*propagandi*], the erratic character of this disease? All mankind are conversant with the influence of moral and intellectual contagion in matters of taste, matters of passion, matters of feeling, civic, politic, and in religious reforms and revolutions, still no one has thought fit to enquire into its influence in the propagation of disease. It may be because this is the first instance in the world in which it has so remarkably exercised its powers.

"We find that the pathological doctors every where were making post mortem examinations to see what light autapses [autopsies] might throw on the nature of this disease. The world is much indebted to them, for their able and impartial reports of such examinations, and I shall at another time endeavour to profit by them in the elucidation of my theme; at present I only wish to remark that all resulted in disappointment, and that there are countless displays made by living men, innumerable deeds, actions, and emotions, resulting even in death, that post mortem examinations would throw no light at all upon.—For example, consult the accounts given of the convulsionists in Saint Medard of France, or the history of the Jerks in our own country—but of this more hereafter; for the present, gentlemen, it is only necessary to reflect for a moment on the many and the mighty passions and emotions of man, the intensity, the variety, and the duration of his intellectual operations, in a word, on all the intellectual and moral noumena [?] and phenomena; and answer me, what light would your autapses [autopsies] throw on them?

"Now that you begin to anticipate the use I am going to make of these remarks, you will say with me, that the lights of phrenology alone could enable us to profit by such examinations.

"But has a single individual throughout all Asia, all Europe, and all America, made a single examination with a view to the lights of phrenology?

"And what light could the science of phrenology possibly throw on this disease? In connection with the circumstances attendant on individual cases, it could show how much constitutional character, alias, physical conformation, has to do with this disease; in the same way that we pronounce on the proneness of particular individuals to particular diseases, such as apoplexy, consumption, *et cætera*, from the physical conformation."—p. 39.

The case illustrating the etiology of spontaneous amputation of the limbs of the fœtus in utero is confirmative of the views of Professor Montgomery, contained in his work recently reprinted in the "Library."

*Roget's Physiology.*¹

Dr. Roget is known to all our readers as a zealous and able investigator and expounder of the laws of the organised economy. His Bridgewater treatise has been extensively circulated, and has fostered a taste for sound physiological enquiry in the community.

¹ *Outlines of Physiology, with an Appendix on Phrenology.* By P. M. Roget, M. D., Secretary to the Royal Society, &c. First American edition, revised, with numerous notes. 8vo. pp. 516. Philad. 1839.

The present volume is a good introduction to the study of physiology, and, in the language of the American editor, contains "a concise and well written epitome of the present state of physiology—human and comparative—not, as a matter to be expected, the copious details and developments to be met with in the larger treatises on the subject; but enough to serve as an accompaniment and guide to the physiological student."

The notes of the American editor are numerous, and are intended to supply omissions, to rectify certain points that appeared to be erroneous or doubtful, and to furnish references to works in which the physiological enquirer may meet with more ample information. We noticed several typographical and other inaccuracies in the original which are redressed in the American edition.

The appendix contains the author's views on phrenology, which are well known to be unfavourable to the pretensions of the "science."

*Walker on Intermarriage.*¹

In our last volume² we took occasion to draw the attention of our readers—in terms of commendation—to the English edition of this work, and we stated on that occasion, that the facts and arguments brought forward by Mr. Walker were entitled to attention, and although we might not be prepared to admit with him the existence of the various laws which he supposes, still the results of his observations are interesting to every anthropologist.

The publication of an American edition of this singular production, will enable the profession to form their own judgment of Mr. Walker's various positions, and his mode of elucidating them, and we have no doubt its perusal will amply recompense them for the labour. The publisher deserves credit for the handsome manner in which the work is "got up."

*Parsons's Boylston Prize Dissertations.*³

These dissertations have been long in reaching us, but they are not the less welcome. Their nature is sufficiently shown on the title page. The *second* dissertation is "on the disease called an irritable state of the urinary bladder, its causes and treatment;" the *third* is "on the connection between cutaneous diseases, which are not contagious, and the internal organs." They are all very creditable to the author.

On the oft, and still to be, disputed question of the influence of animal and vegetable decomposition as a cause of fever, the author ranges himself with

¹ Intermarriage, or the Mode in which, and the Causes why, Beauty, Health, and Intellect result from certain Unions, and Deformity, Disease, and Insanity from others; demonstrated by delineations of the structure and forms, and descriptions of the functions and capacities which each parent, in every pair, bestows on children, in conformity with certain natural laws, and by an account of corresponding effects in the breeding of animals. With eight illustrative drawings. By Alexander Walker. 18mo. pp. 384. New York, 1839.

² P. 348.

³ Boylston Prize Dissertations on 1. Inflammation of the Periosteum. 2. Enuresis Irritata. 3. Cutaneous Diseases. 4. Cancer of the Breast. Also, Remarks on Malaria. By Usher Parsons, M. D., late Professor of Anatomy and Surgery, Brown University, &c. &c. 8vo. pp. 248. Boston, 1839.

those who believe in both; our own opinions on this subject have been so often expressed in this journal and elsewhere,¹ that it is not necessary to repeat them.

Vezin on the Itch.²

In the published reports of the Town Hospital of Osnabrück we are much struck with the large proportion of cases of itch; in the first report, the ratio being as 76 to 179 of the whole number admitted; in the second, as 102 to 232; in the third, as 71 to 163; in the fourth, as 129 to 243; and in the fifth, as 132 to 289. We are not surprised, therefore, that the attention of the medical superintendents should be directed to the cheapest and most expeditious mode of curing this complaint. Dr. Vezin, who is the near relative of a respectable resident of this city, has turned his attention in this direction, and has satisfied himself, that the English plan of treating the disease by sulphur is the most advisable. He recommends it *first*, because the disease is cured by it with great certainty; *secondly*, because it is removed most expeditiously; *thirdly*, because the elevated temperature, to which he exposes the patient during the treatment, and the rapid disappearance of the eruption, are devoid of any prejudicial action on the economy; and *fourthly*, because it is extremely cheap. We have always preferred the treatment by sulphur, and are in the constant habit of employing it. Where warmth is employed, and the body is well rubbed with the unguentum sulphuris compositum for a couple of days, it will be found, that the acarus has been destroyed, and the eruption overcome.

Ryan's Formulary.³

This is a most inaccurate production. We have had occasion to inspect it narrowly, and have been astonished at the numerous errors it contains. Not only are the names of the preparations *estropiés*; but also the quantities of ingredients. In a first edition this might be palliated. In a third it admits of no excuse. We caution our readers, who may possess it, not to depend upon it without close examination.

MISCELLANEOUS NOTICES.

Albany Medical College.—The number of students, during the session 1838-9, was 68—of graduates, 13.⁴

¹ Elements of Hygiene. Philad. 1835.

² Ueber die Krätze und ihre Behandlung nach der englischen Methode, Von Dr. Hermann Vezin, Königl. Hannoverschem Hofmedicus, Arzte am Stadtkrankenhaus zu Osnabrück u. s. w., 12mo. S. 76. Osnabrück, 1836.

Zur Behandlung der Krätze, Von H. Vezin u. s. w. in Beilage zu N. 52 der Innsbrucker medicinisch-chirurgischen Zeitung, 1838.

Erster, zweiter, dritter, vierter, und fünfter Bericht über das Stadtkrankenhaus zu Osnabrück. 4to. Osnabrück, 1834, 1835, 1836, 1837, and 1838.

³ The Universal Pharmacopœia, or a Practical Formulary of Hospitals, both British and Foreign; including all medicines in use. Translated from the last edition of M.M. Milne Edwards and P. Vavasseur. Third edition, considerably enlarged and improved. By Michael Ryan, M. D., Member of the Royal College of Physicians and Surgeons, London, &c. &c. 48mo. pp. 534. Lond. 1839.

⁴ Catalogue and Circular, &c. 8vo. pp. 30. Albany, 1839.

Medical Department of Hampden Sidney College, Richmond, Va.—The number of students at this institution, during the session of 1838-9, was 48—the number of graduates, 14.¹

Medical Department of the University of Virginia.—The number of students during the past session was 60—almost as large a class as has ever been present.²

*Congenital Absence of the Liver.*³—This rare malformation was found, by Dr. Kieselbach, in a human embryo, which was, in all other respects, well formed. The umbilical vein passed through the umbilicus to the part which the liver usually occupies, without dividing; there the portal vein received it, and divided into two branches, one of which passed to the vena cava, but the other divided into innumerable ramifying branches, which terminated blindly. There were no traces of hepatic veins. One cannot, therefore, regard the flocculent division of the branches of the umbilical vein as residue of a liver which had once existed, and at a later period had, from some cause, wasted. The case is probably to be regarded as one of those rare arrests of development in which one of the most important organs is not formed, but in which a vascular growth occupies its place.—*Froriep's Neue Notizen*, No. 159.

*On the Formation of Urea in the Animal Body.*⁴—In illustration of this subject, Dr. Marchand has employed a modification of the experiment of removing the kidneys from dogs that had fasted for many days, and then seeking for urea in the blood (See Müller's *Physiologie*, Bd. 1. p. 586.) He has not starved the dogs on which the experiments were performed, but has fed them on perfectly pure sugar, which he had ascertained by the most careful examination to be entirely free from azote. He fed a large, healthy, and strong sheep-dog for 14 days with milk, to see how large a quantity of urea the urine of an animal thus simply nourished would contain. After the first five days he found 2.6 per cent. and in the next five days 3 per cent. at which proportion it remained stationary. The animal was now fed with perfectly pure distilled water, and pure sugar, of which he took 10 ounces daily. After six days, in which the dog appeared in very good health, the urine contained 2.8 per cent. of urea; in the next five days only 2.4 per cent.; and after five days more only 1.8 per cent. The animal was now very thin and rather weak, but there were no ulcers on the cornea, such as Magendie speaks of. He was now fed again with milk and *bouillon*, on which he rapidly recovered himself; and it was interesting to see that the proportion of urea in the urine did not keep pace with the improvement of condition, for the dog had recovered his *embonpoint*, while the urine still contained only 2.4 per cent. of urea. After 14 days of recovery under this diet, when the urine contained from 3.2 to 3.35 of urea, the dog was again fed on pure sugar and distilled water. After 8 days the proportion of urea fell to 2 per cent. The renal nerves were now tied, an operation followed by the same suppression of urine, with less danger than that of extirpation of the kidneys. The wounds soon healed, and for six days no particular symptom occurred; then vomiting and diarrhoea set in. Ten days after the operation the jugular vein was opened, and three pounds of blood drawn; from this blood urea was extracted, in a quantity amounting (in its combination with nitric acid) to 4.88 grains.

The fact seems to prove that the urea proceeds from the animal substances

¹ Catalogue of the Officers and Students, &c. 8vo. pp. 16. Richmond, 1839.

² Catalogue of the Officers and Students, &c. 8vo. pp. 23. Richmond, 1839.

³ Lond. Med. Gaz. July 6, 1839, p. 543.

⁴ *Ibid.* June 22, 1839, p. 477.

already formed in the body, and not, or at least not only, from unassimilated nutriment containing nitrogen.

Dr. M. has also obtained almost a direct proof of the presence of urea in healthy blood. The most remarkable property of this principle being its power of producing by its mere presence a different crystalline form in common salt than that which is usual, he has used this as a test of its presence. He found this test so delicate, that he could discover by it from 1-10th to 1-20th of urea, in from 100 to 150 parts of water. He mixed 20 pounds of serum of cow's blood with absolute alcohol, and filtered the fluid from the albumen. The fluid was then evaporated to dryness in a water-bath, and the residue was completely exhausted with absolute alcohol; the latter was then distilled off, and the residue was dissolved in water and mixed with some common salt. After a few days some octohedral crystals formed, which were found to be pure hydrochlorate of soda; and as no other substance is yet known capable of producing this change of crystalline form, the presence of urea in healthy blood may fairly be assumed.—*Müller's Archiv. Hft. 1, 1839.*

BOOKS RECEIVED.

From the American Editor.—*Outlines of Physiology, with an Appendix on Phrenology.* By P. M. Roget, M. D., Secretary to the Royal Society. &c. First American edition, revised, with numerous notes. 8vo. pp. 516. Philad. 1839.

From Messrs. Haswell, Barrington & Haswell.—*Intermarriage, or the Mode in which, and the Causes why, Beauty, Health, and Intellect result from certain unions, and Deformity, Disease, and Insanity from others; demonstrated by delineations of the structure and forms, and descriptions of the functions and capacities which each parent, in every pair, bestows on children, in conformity with certain natural laws, and by an account of corresponding effects in the breeding of animals.* With eight illustrative drawings. By Alexander Walker. 18mo. pp. 584. New York, 1839.

From the Author.—*A Treatise on the Eye, containing discoveries of the causes of near and far-sightedness, and of the affections of the retina, with remarks on the use of medicines as substituted for spectacles.* By William Clay Wallace, Oculist. 2d edition, 12mo. pp. 88. New York, 1839.

From Messrs. Thomas, Cowperthwait & Co.—*The same work.*

From the same.—*Diseases of the Uterus; a series of clinical lectures, delivered at the Hospital La Pitié by M. Lisfranc, and edited by H. Pauly, M. D.* Translated from the French by S. Henry Lodge, M. D., Fellow of the Massachusetts Medical Society, &c. 8vo. pp. 401. Boston, 1839.

From the Author.—*An Examination of Phrenology in two Lectures, delivered to the Students of the Columbian College, District of Columbia, February, 1837.* By Thomas Sewall, M. D., Professor of Anatomy and Physiology. 2d edition, revised and enlarged. 8vo. pp. 110; (six plates.) Boston, 1839.

AMERICAN MEDICAL INTELLIGENCER.

Vol. III.

September 2, 1839.

No. 11.

ART. I.—ON THE SEDATIVE PROPERTIES OF ERGOT.

[In the first volume of the "Intelligencer," on the occasion of a communication from Dr. Bishop, of New Haven, we drew attention to the investigations of Professor Hooker, of Yale College, into the properties possessed by the ergot. We then stated, that Dr. Hooker found—when a quantity of pulverised ergot was macerated for several days in sulphuric ether, and the liquid was evaporated in a glass vessel until it no longer afforded the smell of ether, there remained, at the bottom of the vessel, a small quantity of thick heavy oil, resembling, in appearance, fish oil; above this was a lighter oil, much more abundant than the former, of a light reddish-brown colour, and of a sweetish nauseous taste. This light oil was found, by Dr. Hooker, to possess narcotic properties; and—as he has repeated to us within the last few weeks—invariably acts, according to his experience, as a sedative, reducing the force and frequency of the pulse to a degree not to be mistaken.

Desirous of examining into this subject still farther, we requested Drs. Cottman and McKee, two intelligent resident physicians of the Philadelphia Hospital, to institute trials both with the preparation of Dr. Hooker, and the ergot, itself in powder; and it will appear, from the following communications that the narcotic effects were decided; that in some cases the sedative was not readily separable from the nauseant effect; but that even where nausea was not induced, there could be no doubt as to a resulting action of sedation.—*Ed.*]

Experiments with the Secale Cornutum, in Powder. By Joseph B. Cottman, M. D.

The subjects of these experiments were strong, healthy men, but lunatics. A diminution in the frequency of the pulse, and, in several, of the volume, were the only phenomena observed, except in three cases; in these, it produced slight nausea, but no vomiting; in two others, to whom it was given the day before, violent emesis was brought on in the course of one hour. When administered in half dram doses, it either produced nausea—and, consequently, sedation—or diminished the frequency of the pulse, without nauseating, in the course of twenty-five or thirty minutes; but, when given in scruple doses, it appeared to excite rather than diminish the pulse in that time; in fifteen or twenty minutes, however, the pulse lost a few beats in the minute, but not to the same extent as when given in larger doses: in

several cases it produced little or no effect when given in the smaller doses. No other cause operated in producing this result, unless we presume that the fact of giving the men medicine when they were in health, excited them; and as I examined the pulse in every case just before giving the medicine, and forty or forty-five minutes afterwards, the excitement might have passed off, and, consequently, the pulse be diminished in frequency; this, indeed, is not unlikely, as the pulse, in several cases, was much above the natural standard.

It is necessary, I need scarcely say, to be very cautious in drawing conclusions with regard to the medical properties of any drug from a limited number of experiments, but I think we may safely infer, that the ergot has a power of depressing the pulse when given in large doses, but may question very much its sedative agency in small doses. The following is a list of the cases. The age of each individual is affixed to his name.

Names.	Age.	Pulse at time of Administration.	Pulse Forty-five Minutes Afterwards.
Daley,	62	72	60
Young,	20	80	64
Dougherty,	30	88	70
Hews,	20	70	60
Daughney,	45	104	80
McCally,	35	84	68
Buck,	35	80	66
McCarit,	30	60	50
Thompson,	50	84	72
Stewart,	40	76	70
Campbell,	29	68	60
McDonald,	22	120	106
Daley,	62	68	60
O'Brien,	33	76	60

Cases in which Scruple Doses were given.

Bush,	60	84	78
Leonard,	31	92	86
Leaman,	19	88	84
Caryer,	30	72	70
Nealy,	40	80	76
Campbell,	30	64	58
Thomson,	40	92	88
Fagan,	30	84	80
McNice,	40	68	62
Stoimeyer,	30	80	78

JOS. B. COTTMAN.

Philadelphia Hospital,
Aug. 12, 1839.
Professor Dunglison.

Experiments with the Ethereal Preparation of Secale Cornutum.
William H. McKee, M. D.

PHILADELPHIA HOSPITAL, AUG. 12, 1839.

Dear Sir,—At your request, the ethereal preparation of secale cornutum was given in several cases in the dose of from ten to forty drops.

It was used in two cases, both of which were opium eaters. On the first it had little or no effect; at first, she seemed quiet, but soon found, from her feelings, that she had been persuaded to take that which was not laudanum. It was administered in the dose of gtt. xl., and under the belief, on the part

of the patient, that it was laudanum. The *second* appeared to be quite composed for upwards of an hour. The pulse became less frequent, though nausea supervened, and in the course of a few hours was followed by very violent purging.

In every case, in which I prescribed it, it at first produced slight exhilaration of spirits, with increased frequency of pulse; but when the largest dose—forty drops—was given, nausea supervened, and consequent sedation.

The smaller doses, however, were equally followed by signs of depression. When the dose exceeded thirty drops, nausea generally resulted.

Professor Dunglison.

W. H. MCKEE.

For the American Medical Intelligencer.

ART. II.—ON THE USE OF COLD WATER IN UTERINE HEMORRHAGE.

BY W. J. DUFFEE, M. D. OF MOYAMENSING.

On the 4th November, 1838, at 9, A. M., I was requested to call upon Mrs. S., aged about 40 years, who was supposed to be in labour with her eighth child. Complying with the request, I found her complaining of constant pain in the lower part of the abdomen—pulse small and frequent—labouring under great depression of mind as to her approaching accouchement; said “she was sure she would never get over it.” Ordered half a tea-spoonful of tincture of hops, and the room to be darkened, for the purpose of enabling her to obtain a little rest, she having passed a sleepless night. In a few hours I returned—found the medicine had the desired effect—patient more composed in mind—pains had shifted from the bottom of the stomach to the lower part of the back; the os uteri had commenced dilating; every thing went on regularly, and at the expiration of four hours from the time I was called in, she was delivered of a fine male child. The child and placenta were thrown off together. Being informed by the husband, that she had been subject to flooding after delivery, I had her bandaged tightly and kept perfectly quiet in the recumbent posture, not even allowing the limbs to be moved; frictions with the hand were then made by an assistant over the uterus. At this time the patient complained of no pain whatever. Things continued in this state for half an hour or more, when she suddenly screamed out “I am fainting.” Suspecting internal hemorrhage, I immediately placed my hand on the abdomen, and found it larger than before delivery. Having recovered, ergot in scruple doses was administered every fifteen minutes; constant frictions on the abdomen; ice to the vulva; but all these remedies were of no avail, the blood continuing to flow, having been momentarily checked, however, by the fainting.

Correct I removed the ice and filled the vagina with cloths wrung out of ice water; but this did not prevent the return of the hemorrhage. I then introduced my right hand into the uterus, and with my left on the abdomen made pressure on the vessels themselves: this for a time seemed to have the desired effect, when the blood gushed out in a torrent, and she again fainted. *retract* had now made use of every remedy with which I was acquainted, excepting cold water. To the use of this, however, the family objected, as they said they were confident she was dead or dying, and that it was useless to torment her. Finding it impossible to overcome their scruples on this point, *is* insisted on a consultation, still keeping my hand in the uterus. Dr. B. H. *the com* Coates being sent for came immediately to my assistance, who, finding that *s.* every thing we could think of had already been done, agreed, as the last *and, fir* resource, to use cold water: she seemingly being in a dying condition. Her *not law* abdomen was covered with a thin sheet to prevent exposure, and the water *f, on* poured at a height from a pitcher. The shock experienced was great, caus-

ing the patient to open her eyes and, with an almost inaudible voice, to complain of being cold, and now, for the first time, of pain. The water was continued for a few minutes longer, when the uterus began to contract. In about twenty minutes she again fainted; at this time the discharge was inconsiderable, notwithstanding which the water was again resorted to with the same happy effect. The uterus could now (five hours after delivery) be felt in the left iliac fossa of the size of an ordinary fist; pulse scarcely perceptible; face remarkably blanched.

We now administered 2 grains of carb. of ammonia every ten or fifteen minutes during the space of an hour or more, and then enjoined perfect quiescence.

5th. Skin hot; pulse small and frequent; ordered acid. sulphur. dil. gtt. v. every two hours; diet, oat-meal gruel.

6th. Complained of violent pain in the head; carotids throb violently; face flushed; pulse full; cannot bear any one to walk across the room; ordered ten drops of sp. of nitre every hour; acid discontinued; diet, gruel; drink, barley water.

7th. Feels better, though nervous; when well, had of late made use of assafœtida pills; sp. of nitre discontinued; tea-spoonful of lac assafœtidæ three times a day.

8th. Fever entirely subsided; lochia continue; has a considerable quantity of milk; ordered chicken water.

9th. All things going on favourably; bowels opened twice since yesterday.

10th. Convalesces rapidly; sitting up in bed.

19th. Down stairs and attending to her ordinary duties; says "she is perfectly well, and never felt better."

It might be thought an exaggeration were I to name the supposed quantity of blood lost by this patient. This much, however, I may say: her bed was soaked through, and a tub that had been placed under it was a third or more full.

She was, at the time of her lying-in, labouring under ptyalism, produced by the administration of a dose of calomel and jalap to relieve her of costiveness, previous to my attendance. She also states, that from the time she first felt the motion of her child until the day of delivery, she had been subject to a constant pain in the region of the uterus.

The placenta was of a very extraordinary size, several patulous vessels were distinctly seen on its uterine surface, a considerable portion of which was covered by adherent coagula; the cord was thick and short.

I am perfectly satisfied that this patient must have perished had we not made use of the cold water, applied as above. All remedies, generally resorted to on such occasions, had been tried, and ample time allowed for their operation, and not one had the effect of producing any pain or contraction of the uterus, on which hangs the patient's only hope of safety.

I therefore respectfully urge its claims on the profession as a remedy of the greatest importance in uterine hemorrhage consecutive to delivery.

Professor Dunglison.

Respectfully,
W. J. DUFFEE.

ART. III.—A CASE OF SPERMATOCELE, OR VARICOCELE, TREATED BY EXCISION OF A PORTION OF THE SCROTUM.

BY BRANSBY B. COOPER, F. R. S.¹

In the last number of the *Guy's Hospital Reports*, there is a paper published by Sir Astley Cooper on the subject of spermatocele, in which he has introduced to the notice of the profession a novel mode of treating that

¹ *Guy's Hospital Reports*, No. viii. April, 1839, p. 201.

disease; the principle of which, it appears, is founded upon the changes induced upon the structures composing the scrotum.¹ According to Sir Astley Cooper, the process, by which the ultimate benefit is effected, is the contraction and increased firmness of the remaining parts, in consequence of which they perform the office of a permanent and accurately-adjusted bandage, providing a general support to the diseased vessels.

This view of the subject, as well as the operation founded upon it, being entirely new, I have thought that any additional facts bearing upon, or illustrative of the matter, could not be unacceptable to the profession. I have therefore been induced to publish the following case; more especially as the result of it, on being laid before Sir Astley Cooper, drew from him the following note:—"The case of spermatocele you have sent for my inspection is singularly gratifying to me: the operation has been more successful than in any instance in which I myself have performed it."

About three months ago I was consulted by a young farmer from the Isle of Sheppey, who had been the subject, for more than two years, of a varicose state of the veins of the left spermatic-cord, which had produced a more than usual degree of corporeal and mental suffering. Upon examination, I found the scrotum nearly double its natural size; and on the left side so pendulous as to reach at least a third lower than on the opposite side. The spermatic cord, between the testicle and the external ring, presented the appearance of an irregularly-formed tumour, which was readily diminished in size by gentle pressure towards the abdomen, or by the recumbent posture. The slightest manipulation produced considerable pain, both in the testicle and in the course of the cord; and the testicle itself was wasted, and denoted all the usual signs of an irritable condition. The enlarged veins, contained within, or rather forming the spermatic tumour, upon being rolled between the fingers, gave the ordinary sensation of strings of whip-cord, or a collection of earth-worms passing over the fingers which readily sunk into the interstices between them. Within the last two months some slight enlargement, accompanied with pain, commenced on the right spermatic vessels, which were, at the time of examination, abnormally distended.

The patient complained of a constant sense of weight, attended with a heavy dull pain, extending from the testicle, along the spermatic cord, to the loins, with an habitual feeling of restlessness and anxiety. His appetite was impaired, and a constant depression of spirits induced him to seek medical relief. All the usual remedies had been employed, as purging, recumbent posture, suspensory bandages, and cold applications; but ineffectually. On questioning the patient as to the probable cause of the complaint, he could attribute it to none of the usual local causes, as a blow, &c., but admitted that he had always been more or less affected with a constipated state of bowels. I therefore proposed to him, that he should return into the country, submit himself to the continued influence of purgative medicine for a short time, abstaining from all violent exercise; and that if this plan did not remove his disease, I would attempt a radical cure, by the operation of excision of a portion of his scrotum. To this he readily acceded; seeming willing to submit to any temporary pain, rather than bear his protracted suffering. He therefore returned home, strictly adhered to the prescribed discipline for six weeks; at the end of which period, finding himself in no way improved, he came to London, determined to undergo any operation which could offer him a hope of permanent relief from his pain and anxiety.

On the 8th of February, assisted by my friend, Mr. John Birkett, I performed the operation of excision of a portion of the scrotum, as recommended by Sir Astley Cooper. I proceeded in the steps of the operation in the following manner:—The patient being placed in the recumbent posture at

¹ This paper of Sir Astley was printed in the volume of "Medical Monographs" of the "Library" during the last year.—*Ed.*

the foot of the bed, the enlarged veins of the left spermatic cord were emptied of their blood; when Mr. Birkett drew the relaxed skin of the scrotum tightly between his fore and middle finger, so as to press the testicle closely against the external ring with the back of his hand. I then, with one sweep of the knife, removed the whole of the skin, restricted by Mr. Birkett's finger, taking care to avoid the septum scroti; and thus exposed the tunica vaginalis, from which alone the left testicle now received any covering. The bleeding being very inconsiderable, I immediately proceeded to bring the edges of the incised skin together, by raising the lower portion towards the upper, and maintained the coaptation by three or four sutures; by which means I diminished the size of the left side of the scrotum, so as to form a close envelope to the testicle. The parts were then supported by adhesive plaster and bandages, pretty tightly applied; and the whole was enveloped in cloths kept constantly moist with cold water. In the evening he made little or no complaint, but said that he began to feel rather restless.

Saturday, Feb. 9. He said that he had slept but little during the night, and had undergone a distinct rigor, and that he experienced considerable pain of the part. His skin was hot; pulse quick; tongue white; the bowels had been once moved since the operation. In the afternoon, his febrile symptoms were mitigated; but as he still felt restless, I ordered him a grain and a half of calomel, and half a grain of opium at bed-time.

10th. He had suffered considerable pain in the scrotum, and in the course of the cord, which had induced him to loosen the strapping and bandage: there was considerable enlargement and pain of the scrotum, attended with constitutional irritation: the bowels not open. The pill was repeated at bed-time, and an ounce of castor-oil was taken in the morning.

11th. Considerable irritative fever still existed. The tongue was white, and the pulse quick; but the bowels had been acted upon by the castor-oil. He complained of a feeling of giddiness when he got out of bed; and of pain in the course of the cord, which, as well as the scrotum, was much swollen and inflamed: the prepuce was also slightly œdematous. All the dressings were removed, and lint, dipped in warm water, applied, and covered with oil-silk; the edges of the wound looked healthy. The pill was repeated at bed-time.

9½ P. M. One suture was removed; the skin was hot; the pulse 90, and full, but compressible; the tongue white. I ordered that he should have twenty drops of tincture of opium, and an ounce and a half of camphor mixture at bed-time; and that he should take beef-tea instead of the soda-water which had hitherto been his only beverage; considering, that by increasing his powers we should diminish his irritability.

12th. I found that he had slept well; pulse 80, and quiet; skin moist; tongue less white and furred. He described that the pain had much abated; and the wound was looking remarkably well, although the glands in the groin were somewhat enlarged. The swelling and pain in the course of the left spermatic-cord were less; but there was some slight hardness and swelling in the right spermatic cord.

12th, 10 P. M. His skin was rather hotter than in the morning, and he was restless; the bowels had not been relieved. Tongue white; pulse 80, and full; he had some thirst, and complained of rather more pain in the groin and course of the cord, which was still swollen and hard. All the sutures were removed, and the parts again supported by adhesive plaster; but the warm water dressing was continued. He was ordered to repeat the opiate draught directly, notwithstanding the heat of the skin, which seemed to be produced by the local source of irritation.

13th. He had not slept so well as on the previous night; but his tongue was moist, and there was a healthy moisture on the skin; pulse 80, and compressible; his bowels had not been relieved; there was less pain and swelling about the cord, although the hardness remained on both sides; a

healthy suppuration had commenced. The scrotum to be still supported by straps of soap plaster.

13th, 8 P. M. In every respect going on well, although the bowels had not been relieved.

14th. He was much the same as the day before; but he complained of rather more pain in the course of the spermatic cord, which was much increased by pressure; he had not taken the sedative draught the previous night, but took an ounce of castor-oil in the morning, which had produced copious evacuations.—To resume the draught at bed-time.

15th. He had had a good night, and was improved in every respect.

16th. Suppuration free; he complained of pain in the right testicle, which was swollen; and there seemed to be a slight sinus formed on the right side of the raphe, in which pus collected.—To omit the warm water application, and to apply a poultice.

17th. The discharge less, and quite healthy in appearance.

18th. The discharge free; he was ordered to take some porter, as the pain and swelling had much subsided, and the wound was granulating satisfactorily.

19th. The wound continued to look well; but there was considerable increase of pain, and swelling of the right testicle and cord, which seemed much inflamed; there was also some increase of febrile symptoms; bowels costive.—He was ordered to resume the warm water and oil-silk application, and to take an ounce of castor-oil immediately.

20th. He was very sick in the night, after taking the castor-oil; but attributed it principally to a large quantity of apple pudding, which he had eaten for dinner. The bowels had been freely opened; and he was, in every respect, to be considered in a favourable state. Less pain in the right testicle, excepting on pressure, which produced the flow of a sanious discharge, to the amount of two ounces. The right testicle felt as if it were surrounded by an abscess, but the wound looked perfectly healthy. In the evening he did not feel so well.

21st. He was in every respect improved; his appetite had returned, and he took plenty of nourishment, and sat up for some time. The discharge was much diminished, and was scarcely increased by pressure of the right testicle, which seemed to be surrounded by adhesive matter; little or no pain in the course of the spermatic-cord, which felt hard and contracted. From this period to the 4th of March, he progressively improved to perfect convalescence; the wound was nearly healed, and the scrotum was sufficiently contracted to form a close and firm compress to the testicles; rather more so on the left than on the right side, although a considerable diminution was obvious on both. The spermatic-cords were neither of them larger than natural, but much firmer; all the appearances of varicocele had disappeared, and none of the former symptoms remained.

Remarks.—It is sufficiently obvious, from the frequent occurrence of spermatocele, that the veins of the spermatic-cord, particularly those of the left side, are more liable to pass into a varicose state than any other veins in the body. Pathologists have usually attributed the origin of the disorder to mechanical causes, calculated to retard the flow of blood, and cause distension of the vessels. Those in particular have been enumerated which may be supposed to produce the effect on the left rather than the right side of the body; such as, the termination of the spermatic in the left emulgent vein, the situation of the sigmoid flexure of the colon, and the different position of the left and right testicle, by which the veins of the former are subjected to the pressure of a higher column of blood.

I am however disposed to look further for the explanation of the cause of this affection; observing, that other veins, subjected to an equal pressure, are not equally liable to become varicose; and considering it improbable that a natural conformation should be the sole or original cause of any disorder, although it may be supposed to exert a modifying influence when some other morbid agent has been employed.

The frequency of this disease in question may perhaps be, in a great measure, assigned to the great and peculiar excitement of the testicle in the performance of its function, and to the irregular manner in which this function is exercised; at one time, in the state of celibacy, the organ being suffered to lie dormant; at others, called into excessive activity, and not unfrequently suffering an interruption of its function before it has been completely performed. These peculiarities distinguish it from other organs of secretion, and may be capable of producing functional and organic derangement of the vessels which convey its blood.

There is a strong resemblance between this disease and aneurism. Dilatation, an altered condition of the internal coat, and deposition of coagula, form the characteristics of each, and the deposition of coagula, indeed, not unfrequently leading to the spontaneous cure of both.

Various modes of treating varicose veins have been recommended—excision, division, application of ligatures, caustic and pressure, all with a view of obliterating the diseased vessel; but these means so frequently lead to phlebitis, and the consequent violent constitutional derangement, as to have led surgeons rather to adopt palliative means, than to grapple at once with the dangers inseparable from the attempts at a radical cure. The usual means employed to relieve spermatocele are, suspensory bandages, for the purpose of diminishing the length, and consequently the weight of the column of blood contained in the veins—the application of evaporating lotions, to produce the constricting influence of cold—and the administration of purgatives, to prevent accumulation of the contents of the large intestines. Nothing further, however, can be expected from this plan than relief from the urgency of symptoms; unless, as sometimes happens during this treatment, the veins become obliterated by the spontaneous deposition of coagula within them. Sir A. Cooper, considering that the constant use of the suspensory bandage, and application of evaporating lotions, were highly inconvenient, if not in themselves pernicious, believed that, by the excision of a large portion of the skin of the scrotum, he should at once produce all the desired results of the suspensory bandage, without the necessity for its permanent application, and, at any rate, would get rid of its inconvenience; it was with the view, therefore, of thus establishing a continued well adjusted bandage that he recommended the operation.

It appears to me, however, and indeed seems apparent, from the daily report of the above related case, that the excision of the portion of the scrotum leads to the cure of spermatocele, by inducing inflammation, and consequent obliteration of the diseased veins; and without the same risk as attends upon the application of any immediate means to the veins themselves, as must be the case either by the employment of a ligature or the excision of the varix. The history of the case plainly indicates the progressive symptoms, from the first inflammation of the spermatic veins, to the period of their ultimate obliteration.

BIBLIOGRAPHICAL NOTICES.

*Sewall's Phrenology.*¹

Of the first edition of this work we spoke in terms of commendation in our first volume.² The edition before us is improved in the text as well as in its general appearance. We strongly recommend its perusal to the phre-

¹ An Examination of Phrenology, in two Lectures, delivered to the Students of the Columbian College, District of Columbia, Feb. 1837. By Thomas Sewall, M. D., Professor of Anatomy and Physiology, 2d edit. revised and enlarged. 8vo. pp. 110. Boston, 1839.

² *Intelligencer*, vol. 1. p. 76.

logist, as we do the standard phrenological works to those who are unbelievers. The truth or falsehood of phrenology is not to be established by angry declamation; but by calm and unprejudiced observation. Facts on both sides numerically arranged—over and over again observed and recorded by unbiassed observers—can alone settle this disputed point of physiology, for such it is. No study—using the term in the sense of thinking or of musing—can lead to a decision; nor can it be facilitated by personal invective or undue ascription of improper motives to either party.

Were such means regarded by all in the light in which we look upon them, they would cease to be employed. Calm, temperate, and courteous discussion on a subject of science may tend to the development of truth—yet we believe such a result is rare—but when discussion is commenced in any other spirit, although exciting to the mass, it ought not to be fostered by the reflecting. As regards ourselves, we determined, from an early period of our career, never to engage in bootless controversies, and it has required no effort in a mind not unusually sensitive to resist what—with others—might have been an overpowering temptation; and yet to feel towards those, who are anxious for disputation, sentiments of proper kindness and consideration.

On one thing we have been firmly resolved—not to permit differences of opinion on matters of science to interfere—so far as we are concerned—with our social relations, with our just and honest appreciation of character, or with the frank expression of kind and respectful feeling towards those who embrace views opposite to our own, whenever proper occasions arise: any other course must tend to the retardation rather than to the advancement of knowledge, which is, after all, the loadstar that guides our exertions.

Lisfranc on the Uterus.

The name of Lisfranc is well known to most of our readers. He has been long regarded as an eminent surgeon of the French metropolis, and his modifications of the chief surgical operations gained him, several years ago, much creditable notoriety. His subsequent career has not been so striking; and his position amongst his professional brethren is not as enviable at this day as it was formerly. Dr. Lodge—who has given us so good a translation of M. Pauly's edition of M. Lisfranc's clinical lectures, that we beg him to persevere in his useful course—states, that the lectures embody the experience, observation, and experiment of a series of years, and that they are of course almost entirely original. Much of this may be true, and yet it may not follow, that they are to be rigorously depended upon. No one is disposed to bow more than ourselves to the results of experience; but it must be rational experience,—experience that is founded upon principle; and we regret to see attempts made to invalidate the—to us—irrefragable position, that without due physiological and pathological knowledge, the results of reputed experience in therapeutics are almost, if not entirely, unworthy of attention. There is truth in the oft told saying, that a large proportion of

¹ *Diseases of the Uterus, a Series of Clinical Lectures delivered at the Hospital La Pitié by M. Lisfranc, and edited by H. Pauly, M. D. Translated from the French by G. Henry Lodge, M. D., Fellow of the Massachusetts Medical Society, Member of the Boston Society for Medical Improvement. 8vo. pp. 401. Boston, 1839.*

the so called medical facts are medical falsehoods. Were it otherwise, the Thompsonian, the Homœopathist, and every sectarian would cease to exist. They profess to be guided by experience and observation, and to the results they appeal in confirmation of their doctrines. The philosophical therapist admits many of those results; but, by his acquaintance with the laws of the economy, he accounts for them rationally, and rationally adopts, instead of discarding, that which his theory and his practice—and his practice must always be correct if his theory be so—suggest to him to be good.

It is "experience" that fills our dispensaries at one period with drugs and preparations, which, at an after age, have to be discarded. Compare the early editions of Quincy's Dispensary with the last edition of the excellent Dispensary of Wood and Bache, and the latter will be found to contain but few of the articles admitted into the former; yet not an article was received by Quincy, except on evidence furnished by "experience:" such mutation will, indeed, ever be the case unless the random suggestions of the unqualified observer should, in future, receive less of attention than is usually paid them. Experience has taught us much in regard to the sensible qualities of drugs, and to the prominent remedial effects they are capable of inducing; but farther than this, it has instructed us but little. The application of such knowledge to the treatment of disease requires a deep understanding of physiological and pathological phenomena; and it is the want of this knowledge that has retarded the progress of therapeutics. Every man—with more or less accuracy and readiness—can *observe*—can use his senses; it is not every one who can *reason*. Sound therapeutics requires that he should do both, and, hence, the very few who are good therapists. It is an erroneous idea, that the man who does the largest practice is the best acquainted with, and adapted for teaching, sound therapeutics. The reverse is too often the case. He may have *practised* much, and *thought* but little. His mind may have become a chaos—or what he may be willing to call a storehouse—of medical facts; and yet he may not be able to offer a single principle for the guidance of the student. Ninety-nine in a hundred, indeed, of his "medical facts"—to use the strong but expressive language of the late distinguished professor, Dr. James Gregory, of Edinburgh—may be "medical lies," and not worthy of the slightest attention. The lecturer who, in the nineteenth century, attempts to instruct a student in the "facts" of his profession, the results only of his own observation, and who is ignorant of principles, may be less fitted to teach than even the young graduate who has recently finished his education, and has necessarily had but slight opportunity of becoming acquainted practically with disease.

The qualifications; that are needed to observe well, are rare; the experience required by one who possesses those qualifications need not and ought not to be overwhelmingly great; if he have too many opportunities, his mind may become deteriorated, and he may be rendered less fit to present, in their proper aspect and character, the results of his experience. He may be largely engaged in *prescribing* and but little in *thinking*. On such considerations—founded on our own not limited observation—we have been *ceteris paribus* in favour of the chairs of our medical institutions being filled by men who have observed sufficiently, and yet who have had leisure to be engaged in the active and profound study of the principles of their profession,

rather than by those whose time has been so fully occupied, and perhaps for years, that such study must have been impracticable.

These discursive reflections have been suggested by the singular fact, that, in the volume before us, we have the lecturer, M. Lisfranc, stating, as the results of his "experience," that in 99 cases, of amputation of the neck of the uterus, in which he was the operator, 84 were cured; whilst his editor, M. Pauly, not only discredits the numerical statement, but brings an astounding array of fatal cases, which induce him to infer, that "amputation of the neck of the uterus has, to the present day, been one of the most fatal of surgical operations."—p. 357.

The work before us embraces sundry chapters which are devoted to the consideration of the surgical anatomy of the female organs—the mode of examination in their diseases; and the diseases of the uterus generally. It is unquestionably worthy of a place in the library of the practitioner.

MISCELLANEOUS NOTICES.

Penneck on Affections of the Heart.—We are glad to perceive¹ that our estimable colleague in the Philadelphia Hospital—Dr. C. W. Penneck—to whose liberality and devotion to science we were indebted for a whole edition of the excellent lithograph that accompanied his interesting paper on an abdominal tumour, in our number for August 1—is about to communicate to the profession the results of his observations on diseases of the heart. Dr. Penneck has devoted much assiduous and competent attention to this subject, and we are satisfied that his observations will be received with the favour which they are sure to merit.

Brookville Medical Institute.—This is a private institution, which opened on the 4th of July last, and is under the charge of Dr. H. Howard, late Professor of Obstetrics, &c. in the University of Maryland; and of Dr. M. P. Howard, late Dissector to Professor Baxley in the same institution. It is situate in Montgomery county, Maryland, and is distant twenty miles north from Washington City; twenty-eight north west from Baltimore, and about the same distance south east from Frederick. The village and vicinity are described as admirably adapted for a literary and scientific institution, and for the residence of young gentlemen desirous of cultivating habits of study. "The population being proverbial for their morality and intelligence, and there existing a special act of the legislature prohibiting the sale of ardent spirits in a square of nine miles, in the centre of which the village is situated, there is an entire exemption from those scenes of dissipation and immorality too frequently presented by cities and villages."

This institution is intended to afford instruction, not only by the usual mode of private pupilage, in which the preceptor is allowed, by more impetuous claims on his attention, only sufficient time to direct the student in his choice of books, and perhaps ask a few general questions on each author—but

¹ Medical Examiner, Aug. 24, 1839, p. 533.

by oral lectures, illustration, demonstration, exposition, experiment, rigid examinations, and by all the artificial aids to oral instruction that are used in medical colleges, such as wet and dry anatomical preparations, dissections, the exhibition, explanation, and application of surgical instruments, apparatus and bandages, and operations on the dead subject—chemical experiments, manual and instrumental operations on the obstetric phantom, the preparation and prescription of medicines, and the management of clinical cases, medical, surgical, and obstetric.

The period of instruction, before a student will be advised to attend a medical college, will embrace two years, and consist of 4 terms of 5½ months each. After attending one course of lectures in such college as may be preferred, he may return to the institute, and avail himself of its advantages without additional cost for instruction, until the period arrives for attending a second course.

The following are the branches taught, and the authors referred to:

- 1st. *Chemistry*.—Authors—Hare, Beck and Bache's Turner.
- 2d. *Anatomy, General, Descriptive, Pathological, Comparative, and Artificial*.—Authors—Horner, Meckel, Cloquet, Béclard, Andral, Carswell, Carus, Grant, Parsons.
- 3d. *Physiology, Human and Comparative*.—Authors—Dunghlison, Elliotson, Broussais, Roget, and Tiedemann.
- 4th. *Materia Medica, Pharmacy, and Therapeutics*.—Authors—Wood and Bache, Beck's Paris, Chapman, Eberle, Bégin, Thomson, and Dunghlison.
- 5th. *Institutes of Medicine*.—Authors—Cullen, Brown, Darwin, Rush, Broussais and Jackson.
- 6th. *Pathology and Practice of Medicine*.—Authors—Potter's and Calhoun's Gregory, Dewees, Eberle, Rix's Armstrong, Morton's Mackintosh, Bowditch's Louis, Jackson's Louis, Quain's Martinet.
- 7th. *Medical Clinics, Auscultation and Percussion*.—Authors—Louis, Andral, Latham, Stokes, Graves, Gerhard.
- 8th. *Surgery and Surgical Anatomy*.—Authors—Doane's Blandin, Velpeau, Doane's Surgery illustrated, Gibson, Liston's Elements and Practical Surgery, Cooper's Dictionary, Stevens's Cooper, Abernethy, Dupuytren's and Cooper's Lectures.
- 9th. *Obstetrics and the Diseases of Women and Children*.—Authors—Velpeau, Blundell, Dewees and Collins, Clarke, Duparque, Heming's Boivin and Dugés, Churchill, Eberle, Rayer, Bielt, Billard and Bertin.
- 10th. *Medical Jurisprudence, Hygiène, Intellectual Physiology, and Medical Ethics*.—Authors—Beck, Ryan, Christison, Ray on Insanity, Dunghlison, Combe, Brown, Abercrombie, Gregory, and Percival.

Terms.—For instruction, board, washing, rooms, fuel, and lights, \$250 per annum, payable *semi-annually in advance*.

Fully satisfied that the propositions of the respectable gentlemen who are concerned in this undertaking cannot fail, if they succeed, to tend to the advancement of medical science, we are anxious to attract the attention of the profession to it, and to afford it every assistance that is practicable.

Election at University College and Hospital.—Dr. C. J. B. Williams has been elected Professor of the Principles and Practice of Medicine at University College, and Physician to the hospital, vacant by the resignation of Dr. Elliotson. Among the candidates were Drs. Copland and Craigie.

Royal College of Surgeons, London.—Mr. Keate has been chosen President of the Council of the London College of Surgeons; Mr. Vincent and Mr. Guthrie are the Vice Presidents for the ensuing year.

Boylston Medical Prize Questions.—The Boylston Medical Committee, appointed by the President and Fellows of the Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M. D. JACOB BIGELOW, M. D. JOHN RANDALL, M. D.
RUFUS WYMAN, M. D. WALTER CHANNING, M. D. ENOCH HALE, M. D.
GEO. C. SHATTUCK, M. D. GEORGE HAYWARD, M. D. JOHN WARE, M. D.

At the annual meeting of the committee on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the Pathology and Treatment of Rheumatism," with the motto "Frustra fatigamus remediis ægros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Gunst." On opening the accompanying sealed packets, Edward Warren, M. D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M. D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the secretary was directed to publish annually the following votes, viz.:

1st. That the board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, *Secretary.*

Boston, August 7, 1839.

ALBANY MEDICAL COLLEGE.

[We take pleasure in inserting the following official communication as soon as practicable after its reception.—*Ed.*]

Albany, August 19th, 1839.

R. Dunglison, M. D.

Sir,—A notice appeared in your journal for July 1, 1839, headed "Albany Medical College and the Thompsonians," which would lead to the idea that some especial connection existed between this college and the Thompsonian doctors. As your notice is calculated to lead the public into error, (uninten-

tionally, without doubt, on your part,) we appeal to your fairness to publish in your next number the following explanation of the matter.

The Thompsonians, during their meeting in Albany, requested permission to visit the Albany Medical College, which was granted to them as to other persons who apply for the same favour. While there, they expressed to Dr. March their intention to recommend to their students to acquire a more thorough knowledge of "Anatomy, Physiology, Surgery, and Chemistry," and asked on what terms they would be received into the institution. Dr. March replied that they would be received on the same terms as any other persons. It was neither intended by Dr. M. nor supposed by those who made the enquiry, that the Thompsonian students would be admitted to graduate, or be allowed any privileges which they would not enjoy in any other medical institution. For we suppose that no institution would refuse to admit an applicant to attend the lectures simply because he might be a student of a Thompsonian doctor.

The charter of the Albany Medical College expressly enjoins, among other requisites for graduation, "that the student shall have pursued the study of medical science for at least three years, after the age of sixteen, with some physician and surgeon duly authorised by law to practice the profession," so that it would be out of the power of the faculty and trustees to grant degrees to Thompsonian students, even if they were disposed to form an alliance with them, such as, from your remarks, you would seem to suppose exists. Any other privilege but that of graduation they would enjoy in common with other students in the Albany Medical College as in other medical colleges in this country.

This explanation would have been made on the first appearance of the "Resolutions in the Albany Evening Journal," but it was then supposed that the publication would not be noticed out of the city of Albany, where the whole matter was sufficiently understood. But since it has made its way into two of the most respectable journals in this country, the trustees deem it proper to correct the erroneous impression to which it might give rise.

JARED S. RATHBONE, *President.*

On Pathological Secretions in General. By Dr. R. MARCHAND.¹—In regard to the inorganic constituents of pathological secretions, these are always the same, unless a peculiar variation in them has been produced by some accidental external influence. Iron exists in all, but I have sought for copper, manganese, and titanium, in vain. I have universally found the idea, that titanium forms a constituent of the blood and of the renal capsules, to be ungrounded. Potash is present in greater quantity than soda; ammonia is never absent. Among the acids the phosphoric is very frequent; and I have in two cases found fluoric acid, once in ascites, and once in hydrops ovarii. There is no general rule, and, as might be expected, the relation of the urinary and cutaneous secretions has a remarkable influence. Lactic acid, whose formation appears to be almost primary in the animal organisation, seems to be always combined with the basis.

The separation and distinction of the organic constituents of pathological secretions, is much more difficult than those of the inorganic. The constituents are tolerably constant, but they vary very much in quantity. Thus, in the fluid of ascites, I find the proportion of albumen varying from $\frac{1}{3}$ to 14 per cent.; but the latter is a very large and very rare proportion, and whenever it is present there is great difficulty in completely separating any other principles.

I have closely examined the combination which is produced by corrosive sublimate and albumen. It is never composed of calomel and albumen, neither does it contain deuto-chloride, but oxide of mercury. The free acid

¹ Lond. Med. Gaz. June 22, 1839, p. 477.

which is found in the filtered fluid, and which appears to indicate the presence of calomel, is thus much more simply explained. I have never found fibrin.

Among the unquestionable substances one may enumerate various kinds of fat. I have demonstrated the existence of the Couerbian cerebral fat, and have found the views of that chemist for the most part correct. Are these kinds of fat found in the spinal cord, or in the nervous substance? I cannot yet convince myself. Most of them have no definite distribution, though in encephaloid tumour, which I have twice analysed, fat containing phosphorus was found. The part which the phosphorus plays is very remarkable, but as yet unexplained. Cholesterine is more generally found than the phosphorised fat. I have demonstrated it in gall-stones of the most varied kind, in a hydrocele, in a human brain, in hydrocephalus, in encephaloid tumour, and in ox's bile. I believe we must assume that it exists previously in the blood. Salivary matter is very rare. Colouring matters are very frequent: that of the bile is rare; those similar to that of the blood are most common; and without doubt real blood not unfrequently occurs.—*Müller's Archiv.* 1839, Hft. 1.

*Empyema, and Remarkable Fistula of the Chest.*¹ Reported by Dr. REDERLE, *Valee de Munster*.—Frederick Weitzel, aged 19 years, a miner in the Black Forest, Germany, since his tenth year had always been well, excepting that he had frequent epistaxis.

On the 25th of April, 1824, he was attacked by pleuripneumonia, for which local and general bleedings were employed, blisters, nitre, calomel, and, finally, acetate of ammonia and tartarised antimony. The symptoms diminished, but after some days the breathing became more difficult, the pains returned in the left side of the chest from time to time, the cough recurred, the expectoration was purulent, his strength fell, he had hectic fever, night sweats, frequent shiverings, a dull weight on the left side, deep respiration, excited cough, and decubitus on the right side produced access of suffocation.

Infusion of senega root, digitalis, quinine, decoction of Iceland moss, yellow sulphuret of antimony, Dover's powder, and Seidlitz water did not ameliorate the condition of the patient. In about eight days more the right cavity of the chest was considerably prominent, ægophony was manifested, the respiratory bruit was null, and percussion elicited a dull sound. The cellular tissue of that side of the chest became œdematous, as also did the left foot.

On the 21st of June, between the fifth and seventh ribs, there appeared a tumour of the size of a man's fist, adherent, and completely fluctuating. An opening made in it with a lancet produced two pints and a half of a thick and fetid pus. The patient, previously threatened with suffocation, was immediately relieved. At each dressing, which was renewed daily, there issued about a pound of pus. The quantity diminished, little by little, as the pus could not flow freely, while it became yet more fetid.

Some weeks after this a fresh fluctuation appeared, between the seventh and eighth ribs; and a new opening was made sufficiently large to liberate the pus freely. A sound introduced into the cavity formed by a pseudo-membrane passed inwards and from before backwards, to a depth of six inches. The sac was abundantly capacious. Care was taken to sustain the patient by tonics, and to evacuate the cavity always by means of lukewarm injections of camomile tea. In 1835 and 1836 it was sought in vain to heal the opening by tincture of myrrh, decoction of quinine, salicine, oak-bark, and madder-root. During the three years that the fistula remained open, it was impossible to prevent the entrance of air, which, however, had no other inconvenient effect than that of rendering the respiration more

¹ London Lancet, July 27, 1839, p. 671.

difficult. The pus which issued at this time seldom exceeded two table-spoonfuls in quantity. Very serious hemorrhages within the purulent cavity threatened life on many occasions in August and December, 1836, and June, September, and December, 1837. These appeared to have supplanted the epistaxis to which the patient had been subject. The quantity of blackish fluid and coagulated blood sometimes reached a pint and a half. On stopping the mouth of the fistula, the blood occasioned severe oppression, and even cough, with sanguineous expectoration. As soon as the issue was re-established these symptoms ceased.

From time to time the patient is troubled with abdominal symptoms, which a purgative removes. He has often, also, palpitations of the heart; the urine is then diminished, and the hands and feet are œdematous. Digitalis always disperses these symptoms. At present, as during the preceding summer, the patient feels very well, attends to his domestic duties, and even walks nearly three quarters of a mile at a time.—*Medicinische Annalen*, P. 4, Vol. IV.

Living Worms under the Conjunctiva of the Negro.—Blot, of Martinique, has, like Bajon, of Cayenne, and Mongin, of St. Domingo, seen two worms in active motion under the conjunctiva, which he removed by incision. One of these, which was sent to M. Blainville, was thread-shaped, thirty-eight millimetres long, with a black protuberance adapted for suction.

Bajon remarked (1768) a serpentine motion of a worm in the eye of a negress, which, without giving pain, caused constant epiphora. When an incision was made, the worm went to another part, and was obliged to be secured with a small forceps. In a second case (1771), the conjunctiva was more inflamed; the patient refused to submit to operation. In Blot's case (1828), the worm lay on the outside of the eye, and sometimes turned round a portion of the corner, causing stinging pains and nervous symptoms, arising probably from fear. The patient, an African negress, was unable to tell where she came from, or whether her fellow-country people were subject to this disease. A surgeon at Mompox (New Grenada) offered to extract this worm, but his services were refused. The worms found by M. Guyon were not of the species termed *Filaria Medinensis*, which are found in abundance amongst Africans, and could not be secured by the forceps.

BOOKS RECEIVED.

From the Author.—Address of L. P. Hildreth, M. D., President of the third Medical Convention of Ohio, delivered at Cleveland, May 14, 1839. 8vo. pp. 33. Cleveland, 1839. [This address has already been referred to in terms of commendation—“*Intelligencer*,” July 15th, 1839, p. 126.]

From Professor Silliman.—Annual Circular of the Medical Institution of Yale College for the Lecture Term of 1839–40. 8vo. pp. 8. New Haven, 1839.

From Messrs. Haswell, Barrington & Haswell, the Publishers.—The Lectures of Sir Astley Cooper, Bart., F. R. S., Surgeon to the King, &c., on the Principles and Practice of Surgery, with additional Notes and Cases. By Frederick Tyrrel, Esq., Surgeon to St. Thomas's Hospital, and to the London Ophthalmic Infirmary. First American from the last London edition. Complete in one volume. 8vo. pp. 580, with four lithographs. Philad. 1839.

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ART. I.—PHILADELPHIA HOSPITAL, (BLOCKLEY.)

Cases of Epilepsy. Reported by WILLIAM H. McKEE, M. D., of Raleigh, N. C. Senior Resident Physician.

The following cases are selected out of twenty-five, treated in the epileptic ward, to show the result of some of the remedies, which have been published heretofore as nearly specifics in the treatment of Epilepsy.

CASE NO. I.—Ann L., æt. 36. Born in Philadelphia: single. Habits temperate. Occupation that of house work. Has auburn hair, gray eyes, long neck, of tall stature, and lymphatic temperament. She had always enjoyed good health up to the time of the attack of the first fit. Cannot trace it to any hereditary predisposition. Her situation has always been very comfortable, having but few cares to molest her mind.

The first paroxysm she had was about three years since. During the time of her catamenial discharge, she was employed in scouring the floor; her feet became very wet and they disappeared. Previous to this time she had always been regular. On that night she was taken with a violent pain in the head, which extended down the spine, and was attended with fever. No physician being called in, she remained in this situation until the next morning, at which time she had the first fit. A physician was now sent for, who prescribed a warm foot bath and a purgative. This gave relief, and soon enabled her to enter upon the duties of the house. They have continued to occur periodically every four weeks for nearly two years. She entered the epileptic ward twelve months since. At the time of her entrance, her general health had become much impaired. But little or nothing was done for her during the first three months. Nine months since, she was ordered the following prescription. *℞. pulv. aloes, gr. iii. pulv. ferri sulph. exsicc. gr. ʒ ter die: and a sinapis pediluvium at night.* She continued to follow the above treatment for three weeks, at the expiration of which time her catamenial courses were again restored.

The pills being discontinued, she was put upon the use of the cuprum ammoniatum, commencing with one fourth of a grain three times a day, increasing it as high as one grain three times during the day, until it produced vomiting and the other slight effects of copper upon the system. It was then suspended. During this time she continued to be regular, but had several very violent fits. When seen in one of them, the cold douche was freely used, and it acted most promptly in shortening their duration and violence.

The cuprum ammoniatum was commenced again in two weeks—at the minimum dose, and used as before. It was thus continued to be used and suspended alternately for six months, with but little benefit, except that the fits had ceased to be so periodical. She was then ordered the *nitras argenti*,

commencing with half gr. three times a day, and increasing it up as high as six grains daily—continuing and alternating as above, until the skin became very much blackened. Her improvement had become so very evident, that she often asked to be discharged, saying that she was perfectly well. The paroxysm had not occurred for twelve weeks—when, to the great mortification of all, she had seven fits in thirty-six hours. They have not been so bad for the last two months. Her general health is very good, and she continues to menstruate regularly every month.

CASE No. II.—Isabella C., æt. 27. Born in Delaware: single, and of medium size. Occupation that of a chambermaid. Habits temperate; has always enjoyed good health until since attacked with the fits.

She was bound to service for five years. The first fit occurred in her 17th year. She states that none of her family were ever affected with them except herself. Has been remarkable for the regularity of her menstrual function, which has continued. The fits she attributes to personal abuse received from her employers during her apprenticeship. She was confined nine months in the Pennsylvania Hospital, at the expiration of which time, she was discharged, not much if at all benefited. After her discharge from the hospital, her friends took her home, with the hope that change of air and society might be beneficial to her. But, in a few weeks, she was seized with a paroxysm, and fell into the fire, burning one arm very seriously. For this accident, she was sent to the Philadelphia Hospital, where she remained for several years in the women's surgical and medical wards, under treatment both for the burn and the fits.

Three years since, she was transferred to the epileptic ward. During this time, very little was attempted towards curing or even mitigating the disease. The fits came on at different periods,—occurring two to four times a week. Eight months ago, she commenced taking the cuprum ammoniatum, beginning with the one fourth of a grain and increased it to a grain three times a day—alternately suspending it when the full effects were produced. While under this treatment, I saw her frequently, and during many of her most violent attacks. The douche was used in every instance with marked benefit. As she generally had from three to four at a time, I determined to try the effects of animal magnetism,¹ and succeeded in several instances in arresting the paroxysm. They soon returned as the influence gradually went off.

The longest interval that has occurred was some weeks. While sitting at the dinner table eating, she was unexpectedly seized with a fit and fell to the floor. She continued to have them for twenty-four hours—during which time she had fourteen fits. She is at present in good health, and is able to attend to some business. The frequency of the paroxysms is diminished, but when she has them they are much more severe.

CASE No. III.—Jane B., æt. 24. Born in Philadelphia: single, and very temperate. Has been labouring under epileptic fits for the last four years; states that they were occasioned by a fright received at the time she had her menstrual discharge. She fainted, and lay insensible for some time, and the discharge ceased. On the following day, she had the first fit. They have returned periodically every four weeks until very lately. During all this time but little was done in the way of medical treatment. Their frequency becoming more marked and violent, her friends sent her to the epileptic ward twelve months since. Nine months ago, she commenced taking the cuprum ammoniatum. Commencing with the one fourth of a grain three times a day, and increasing it to three grains daily. This she continued to take for five months—intermitting it whenever the effects were produced.

¹ My friend Dr. Joseph B. Cottman, from Maryland, (at present one of the senior resident physicians)—informs me, that he had a violent case of Epilepsy, dependant upon the suppression of the catamenial discharge, of which he succeeded, in several instances, in arresting the paroxysms by means of *animal magnetism*. But they soon returned after the influence had passed off.

Deriving no benefit from this remedy, she was put upon the use of the *nitras argenti*. Beginning with one fourth of a grain, and increasing it to two grains three times a day, until the skin became discoloured, and the general influence was experienced upon the system. In this case there is no improvement. At the time of her attacks, she has two or three for several days at a time, and they have become so severe as to threaten cerebral disease. Her mind is impaired, and when attacked she has to be transferred to the women's lunatic asylum, where she is subjected to the shower-bath three times a day. By this means she is soon restored to her reason. Her catamenia are very regular.

CASE No. IV.—Ann L., æt. 35. Born in Philadelphia. Occupation, house work. No hereditary traces of disease. The first fit occurred when in her 17th year. Attributes them to over excitement, having exerted herself very much over the fire and eaten a quantity of sweetmeats. While in this heated condition, she drank freely of ice water, which she says soon threw her into a spasm. She has had various treatment—both in the Pennsylvania and Philadelphia Hospitals.

She commenced taking the *nitras argenti*, gr. $\frac{1}{2}$, and increasing the dose to two grains three times a day, until the skin became blackened, and the effects were produced upon the system. The fits observed no regularity; they came on at any time, and, for seriousness, surpassed any in the ward. The remedy was suspended, and the *cuprum ammoniatum* substituted in the doses of one fourth of a grain to a grain, three times a day, and continued until the effects of the copper were felt, intermitting the remedy alternately, and commencing again. She is but very little improved, although she says her feelings are better, and different from what she has experienced for some time.

CASE No. V.—Elizabeth R., æt. 19. Born in Germany: single. Came to America when but two years of age. No hereditary traces. Was attacked with the first fit four years since. While waiting at a tea party, she became very much exhausted from the weight of the tea board, and suffered it to fall, breaking the china, and precipitating the whole on the carpet. At this accident, she was very much frightened, as well as mortified, fearing the severe punishment and rebuke that awaited her. To this circumstance she attributes the fits, which occurred on the following morning. In three days after, she had four fits, succeeding each other with considerable violence. A physician was now called, who bled her. She has continued to have them ever since, and has been attended by four different physicians during the time, without receiving any benefit. She remains regular in her menstrual functions, and says they have never been otherwise.

She entered the epileptic ward in March last. Five months since, she was put upon the use of the *zinci sulphas*—commencing with grs. iii . and increasing the dose to grs. v . three times a day,—it was continued for some time without any benefit being experienced, and then discontinued. The *plumbi acetat* was next ordered in the dose of five grains—and the dose was increased to ten grains three times a day,—intermitting the remedy when its influence was experienced. The frequency of the fits is not quite so great nor are they as violent. But this may be attributed to the improvement of her general health, rather than to the remedies used.

CASE No. VI.—Catharine H., æt. 32. Born in Delaware: married. The mother of three children. Nine months after her marriage, while standing at the door, she was seized with giddiness and sense of turning in the head, and fell to the floor in a state of insensibility. At this time, she was four months gone with her first child. The paroxysms recurred every three weeks, and have observed the periodical attacks ever since. No medical treatment was attempted, except that she was occasionally bled when seen in a fit, as it was thought to be dependent upon gestation. After her delivery, they continued as before. She has always been regular until

lately, for which she was relieved by aloetic purgatives, and sinapised pediluvia.

In November 1838, she entered the epileptic ward for the purpose of receiving medical treatment. The zinci oxidum was given in the dose of v. to xx. grs. three times a day, without benefit. It was then discontinued, and the plumbi acetat substituted, in the doses of v. to x. grains three times daily, and continued for some time without experiencing any favourable results. This was also discontinued, and the nitras argenti given in the usual doses,—the results being but very little better than from the other articles. She is now taking the cuprum ammoniatum, and says she is better. There is one thing very evident, that the paroxysms are not as violent as formerly—but they have taken on the cataleptic character.

General Summary and Remarks.—During the last ten months, *twenty-five cases* have been treated, and not a single one has terminated fatally. Various remedies were given. The indigo, from its reputation, had an extensive trial. It was used in “seven cases,” commencing with half a dram three times a day, and increasing the dose gradually to ℥iv. This was continued for six months, with occasional intermissions, until the patient’s clothing would become stained blue by the perspiration. In the latter doses, it was found to operate upon the bowels—and, on examination, could be detected in the stools. If therefore ℥iv operate upon the alimentary canal, the heroic doses recommended by some practitioners would seem to be a useless waste of the article, independently of the inconvenience of so great a bulk of an unpleasant remedy—so unpleasant that force is occasionally required to compel the patient to submit to it. Like the other articles tried, it at first promised favourable results, but was followed by a return of the fits with equal severity.

Four cases were treated with the datura stramonium. It was used both in the form of tincture and extract. After continuing its use for some time, it was suspended, and an interval of several weeks elapsed before it was resumed. Having given it another fair trial without experiencing any benefit, at the request of the patients it was discontinued.

A mixture of equal parts of *salvia officinalis*, pulv. sinapis and pulv. zingiberis, given in ℥iij. doses every morning, followed by a purgative every third day, seemed, for a while, to exert more influence upon the fits than any of the remedies before tried. Out of four cases, treated with it, one, who had been subject to fits for fifteen years, experienced an intermission of fourteen weeks, when they were previously wont to occur from two to four weeks. At the expiration of this time, the patient was attacked with Icterus, and a return of the fits followed with as much violence as formerly. Galvanism was also tried in several cases, and in one it mitigated the disease very much. It was not tried, however, so thoroughly as the other remedies. A small blister was applied to the nape of the neck, and one to the scrobiculus cordis, which remained on for three hours. They were then removed, and the negative plate applied to the neck, and the positive to the epigastric region. When attacked with a fit, she suffered very much at the time, and afterwards from dyspnœa. The plates removed this symptom. Five months since, she was discharged relieved, and has been able to attend to the duties of a chambermaid. She continues to improve in her general health, and has had several attacks of faintness since her discharge, resembling catalepsy rather than epilepsy.

It will be seen from the result of the above observations, with the various remedies tried, that but very little preference—if any—can be given to one over another. In the treatment of epilepsy, there is no single remedy to equal the *cold douche*. In every instance in which it was tried, it invariably mitigated, and shortened the paroxysm. The mind was sooner restored to its original function in several cases than by any of the other agents used alone. It will not succeed in totally arresting the fits, and can only be

relied upon as an adjuvant in the treatment. Of the internal remedies, mentioned as having been used, no one appears to merit the award of superiority over its fellows; for in nearly every instance, each promised, for a while, favourable results. In some five cases, the intermissions were from six to twelve, and in one case to fourteen, weeks. At such times hopes of recovery were most sanguine. The disease returned, however, with renewed violence.

Many practitioners of medicine may have been deceived in the effect of remedies, by discharging their patients too early, and reporting them cured, when—if they had waited—a few weeks might have shown their error. The subjects, treated in the present cases, were nearly all old sufferers. In cases of shorter duration and in younger individuals, more flattering results might perhaps be experienced.

Professor Dunglison remarks,¹ that, it is obvious, a wide difference must exist amongst cases of epilepsy, and that where the organic modifications are considerable, as indicated by concomitant mania or idiocy, but little can be expected from any remedy. The main efficacy of most of the agents employed, in this, as well as other paroxysmal diseases, he thinks, consists in the new impressions which they make, in adequate doses, upon the nerves of the stomach, and through those on the whole system; but to effect the revulsion to the proper extent, it is necessary, that the dose should be augmented day by day, and the remedy be continued in large doses for a sufficient length of time.

The conclusions of the professor are evidently very correct, in all the cases which may depend upon a functional derangement of the brain and nervous system. In those of a traumatic character, little hope of relief is to be expected.

As regards the theory of the action of galvanism in the treatment of epilepsy, Professor Chapman² remarks, that “the hypothesis from which this practical expedient is deduced, supposes an undue accumulation of electric matter in the brain, at the expense of other parts of the body, and hence the cure depends on equalising the distribution of it.” In this instance a galvanic circuit is to be kept up by establishing a positive point at some distance from the *brain*, and a negative one at its base, thus equalising the electric matter. The hypothesis is very beautiful, but the undue accumulation is not the less ideal. Physiology and pathology have, indeed, to effect much before the subject of epilepsy shall be properly understood.

WILLIAM H. MCKEE, M. D.

To Professor Dunglison, M. D. &c. &c.
Philadelphia Hospital,
Sept. 1, 1839.

ART. II.—A CLINICAL REPORT OF TWENTY-THREE CASES OF UTERINE HEMORRHAGE, FROM ATTACHMENT OF THE PLACENTA TO THE NECK OF THE UTERUS.³

BY ROBERT LEE, M. D. F. R. S.

Physician to the British Lying-in Hospital, and Lecturer on Midwifery at St. George's Hospital.

Guillemeau was the first who stated that the placenta may present, or come before the child, that a dangerous flooding then takes place, and that the most safe and expedient means of arresting it is to deliver immediately, by passing up the hand into the uterus and turning the child.

¹ New Remedies, Art. Indigum. Philadelphia, 1839.

² American Journal of the Medical Sciences, August 1834, and Morton's Notes to Mackintosh's Lectures on the Practice of Physic. Second American edition. Vol. ii. page 150.

³ Lond. Med. Gaz. July 13, 1839, p. 554.

Mauriceau likewise knew that the placenta sometimes presented, or came before the child; and in all cases of hemorrhage from this cause he recommended immediate delivery, as Guillemeau had done. Mauriceau has related seventeen cases of uterine hemorrhage in the latter months of pregnancy, from presentation of the placenta; and in sixteen of these delivery was accomplished artificially by passing the hand through the opening formed by the separation of the placenta from the uterus, rupturing the membranes, and turning the child. Two women died after this operation, and one, who would not consent to artificial delivery, died undelivered.

Paul Portal's treatise contains the histories of several cases of uterine hemorrhage, depending upon attachment of the placenta to the inferior portion of the uterus; and he was fully aware, as early as 671, that the placenta had not sunk down to the lower part of the uterus, but had been adherent to the internal orifice from the commencement of pregnancy. He employed the same treatment in all these cases that had previously been recommended by Guillemeau and Mauriceau.

Petit, Giffard, Røderer, Levret, Smellie, Douglas, and William Hunter, related many cases of flooding, in the latter months of pregnancy, from this cause, and recommended the operation of turning as soon as the orifice of the uterus was sufficiently dilated to allow the hand to be introduced without the employment of much force. All the best writers on midwifery during the last hundred years have recommended artificial delivery where the placenta presents, and hemorrhage takes place in the latter months of pregnancy. Every practitioner knows that the operation of turning should be performed in such cases, when the flooding becomes profuse, and the orifice of the uterus is dilatable. But in some cases the orifice remains so rigid as to render the introduction of the hand into the uterus impracticable, while a discharge of blood is taking place sufficiently great to endanger or destroy life. There are no cases more embarrassing to the accoucheur than these, and none in the practice of midwifery attended with greater hazard. That they are not uncommon, and that we possess no means of effectually controlling the hemorrhage till the operation of turning can be safely performed, the following histories sufficiently prove¹:—

CASE 1.—Anne Cromer, æt. 42, St. James's Parochial Infirmary, 22d July, 1828. I was requested by the late Mr. Baker to see this patient, who was far advanced in pregnancy, and had been attacked by profuse uterine hemorrhage a week or ten days before. The placenta was adherent to the neck of the uterus; but the orifice being rigid, the plug was employed for several days to check the hemorrhage till the operation of turning could be performed. A large quantity of blood was lost, notwithstanding, both before and after delivery, and the exhaustion was so alarming that it appeared very probable she would not recover from the immediate effects of the loss of blood. She, however, survived for eighteen days, and death then took place from inflammation of the left spermatic vein, and gangrene of the lungs on the left side.

CASE 2.—(1829.) A patient of the British Lying-in Hospital, near the full period of pregnancy, was suddenly attacked with a profuse discharge of blood from the uterus. She had been exposed to no accident, and had not experienced any uneasy sensation about the uterus before the blood began to flow. She was conveyed from her residence to the hospital immediately after the occurrence, but she was dead before any of the medical officers of the institution could see her. I examined the body, and found the centre of the placenta over the centre of the internal orifice of the neck of the uterus. On the left side the connection between the placenta and the uterus was broken to a considerable extent.

CASE 3.—24th October, 1829. A woman in the seventh-and-half month

¹ Eight cases proved fatal out of nineteen related by Dr. Ramabotham; one out of four, by Dr. Joseph Clark; and two out of eleven recorded by Dr. Collins.

of pregnancy, residing at 2, Parker street, had a great discharge of blood from the uterus for thirty-six hours before I saw her. A large portion of the placenta was hanging through the os uteri into the upper part of the vagina. I proposed immediately to deliver, by turning the child; but she obstinately refused to submit to the operation, and I was apprehensive that she would die undelivered. The hemorrhage continued with great violence for several hours, when the placenta and a dead fœtus were expelled without assistance. She remained long in a state of great exhaustion, but ultimately recovered.

CASE 4.—On the 8th February, 1830, I was called to a woman residing in Falconberg court, who had been attacked with profuse uterine hemorrhage at the end of the seventh month of pregnancy. The placenta was protruding through the orifice of the vagina. I immediately extracted it, and a dead child followed. A great hemorrhage succeeded, and she remained for a considerable time insensible, without any pulse to be felt at the wrists. She, however, gradually recovered.

CASE 5.—On the 24th of March, 1835, I was requested by Mr. French, Surgeon to the St. James's Parochial Infirmary, to deliver a patient of the institution, who had uterine hemorrhage, with presentation of the placenta. A great quantity of blood had escaped, and she was much exhausted. The os uteri being soft and largely dilated, I immediately proceeded to deliver, by passing the right hand into the uterus, through the opening made by the detachment of the placenta from its cervix, and by rupturing the membranes and turning the child. No difficulty was experienced in extracting the trunk, the head, and superior extremities of the child, and the placenta soon followed. The hemorrhage immediately ceased, and the recovery was rapid. The child was dead.

Nothing could be more easy than the operation of artificial delivery in this case, and its performance required only a few minutes.

CASE 6.—A few days after the preceding case, I was consulted by the late Mr. Gosna, about a patient in the eighth month of pregnancy, who had flooding from attachment of the placenta to the lower part of the uterus. A large quantity of blood had been lost, and it was evident from the effect produced by this upon the system, that she would speedily sink if artificial delivery were not at once performed. The orifice of the uterus was widely dilated, and a large mass of the placenta, detached, was distinctly felt through it. The operation of turning was immediately performed, as in the last case, the hand being passed up into the cavity of the uterus, at the part where the separation of the placenta from the cervix had taken place. The placenta was soon after removed, and the hemorrhage did not return. The child was still-born. The mother recovered rapidly.

CASE 7.—On the 26th April, 1835, I was called to a patient of the St. Marylebone Infirmary, who was more than seven months pregnant, and had been attacked fourteen days before with alarming uterine hemorrhage. The first discharge of blood took place during the night, when she was at rest; it was not preceded by a sense of uneasiness about the uterus, and could be referred to no accident or injury of any kind.

A considerable oozing of blood still continued when I first saw her. The placenta presented. The orifice of the uterus was opened to the size of a crown piece, but its margin was so hard and undilatable, that I found it impossible, without employing too great force, to pass the hand into the uterus. After a cautious trial for about half an hour to get the hand insinuated through the orifice, I was compelled to withdraw it altogether, as there was no hope of overcoming the resistance.

On the 27th the flow of blood continued. The strength remaining unimpaired, and the os uteri being not less unyielding, I resolved to wait till relaxation should take place, and moderate the discharge by the recumbent position, and the application of cold externally and internally.

29th.—A large quantity of blood suddenly escaped, which produced syncope. The countenance was afterwards pale, the extremities cold, and the

pulse rapid and feeble. The os uteri being soft and dilatable, I immediately passed up the hand, and delivered by turning. The child was born alive. The placenta was removed soon after; but though no further loss of blood was experienced, she continued gradually to sink, and died in a few days.

CASE 8.—On the 7th October, 1835, I was requested by Mr. Gairdner, of Foley Place, to see a patient residing in Frith street, who had completed the seventh month of pregnancy, and had been attacked with uterine hemorrhage three weeks before. A slight discharge of blood had continued during the whole of this period, but it had produced little effect upon the system until a few hours before I saw her, when several pints of blood were discharged, and her whole strength seemed at once extinguished. The pulse was not perceptible. The extremities were cold, and the respiration feeble. The blood still continued to flow in great quantities, and it was evident death would soon take place if the uterus were not speedily emptied of its contents.

The os uteri was not dilated to the size of a crown, and it was so rigid that I found it absolutely impossible, though I employed a degree of force scarcely justifiable, to pass more than three fingers within it. The whole hand could not be made to pass, though it appeared certain that death would soon take place if delivery was not immediately accomplished. On the fingers being withdrawn for a short time, the flooding continued. I made another effort to turn the child, but the resistance could not be overcome. I then pressed forward the fore and middle fingers of the right hand between the placenta and uterus, so as to reach the membranes, which I succeeded in tearing open. Pressing the fingers still forward, they came in contact with one of the feet, which they grasped and brought down into the vagina. This was pulled lower and lower, till the whole extremity and nates were drawn into the os uteri; but so rigid did it continue to be, that although I exerted all the force I dared employ in dragging it down, half an hour elapsed before the pelvis of the child could be made to clear the orifice of the uterus. At last it was extracted, with the placenta, and the hemorrhage ceased.

A violent rigor followed, which threatened for a time to destroy the patient. Bottles of hot water were applied to the feet and pit of the stomach, the whole body was covered with hot blankets, and brandy was liberally administered.

She slowly recovered from the effects of the immense loss of blood.

CASE 9.—On the 18th October, 1835, Mrs. Ryan, whose pelvis is greatly distorted by rickets, was attacked suddenly with profuse hemorrhage, in the eighth month of pregnancy. I had delivered her once by craniotomy, and induced premature labour six times. She refused to submit to the operation on this occasion. On examination, at 4 o'clock the following morning, a large portion of the placenta was felt detached and protruding through the os uteri. The orifice, though little dilated, was in a state to admit of artificial delivery, but so great was the distortion of the pelvis that I found it impossible to introduce the hand within the pelvis to turn the child. The flooding still continued. There were no labour pains. I could feel the head above the brim of the pelvis, and I determined to endeavour to open and extract it with the crotchet. Mr. Brookes, surgeon to the British Lying-in Hospital, pressed hard over the fundus uteri, while I carried forward the fore and middle fingers of my left hand to the head, which I could scarcely touch. In the groove formed between these fingers, the point of the perforator was conducted to the head, and pressed steadily through the integuments and bone, and then the blades were opened. The undilated state of the orifice rendered this difficult, but it was accomplished without inflicting any injury on the orifice.

The crotchet was then introduced into the opening in the skull, and the head was dragged down, between the placenta and uterus, into the brim of the pelvis, where it stuck fast for a long time. The orifice of the uterus was still imperfectly dilated. After four hours very hard work, we succeeded

in getting the base of the skull through the brim into the cavity of the pelvis, and delivered.

The placenta was removed soon after the child, and no hemorrhage followed. This woman recovered in the most favourable manner, and she has since had premature labour induced twice, at the end of the seventh month of gestation.

CASE 10.—At 6½ A. M., 28th October, 1835, I was called, by Mr. Cathrow, of Weymouth street, to a patient seven months pregnant, who had been attacked with uterine hemorrhage fourteen days before. It had occurred spontaneously. It returned slightly a week ago, and again went off. This morning it was renewed with increased violence, and was accompanied with labour pains. Mr. Cathrow examined, and found the placenta protruding through the os uteri. He drew it forward gently, and the whole ovum escaped without rupture of the membranes. The flooding ceased on the application of cold vinegar and water to the external parts, and she was soon quite well.

A similar accident had occurred to her in a former pregnancy.

CASE 11.—At 11 A. M., on the 30th October, 1835, I was requested, by Mr. Crellon, Wellington Road, to see Mrs. S—, æt. 40, who was in the ninth month of pregnancy, and for fourteen days had suffered from slight uterine hemorrhage. On the 29th, and morning of the 30th, it greatly increased, and was accompanied with alarming fits of faintness, succeeding each other rapidly. I found the os uteri dilated to about the size of a crown piece, and rigid. The placenta, partially detached, was felt at the posterior part of the neck of the uterus. The membranes were distinctly felt at the anterior part, and the head of the foetus presenting above them. The pulse was neither rapid nor feeble, and the strength did not seem much impaired. I endeavoured, with the nail of the fore-finger, to tear the membranes, and believed I had done so, but was mistaken. The hemorrhage soon returned, when three doses of the ergot of rye were administered by Mr. Crellin; but, though pains were produced, the hemorrhage continued, and at 4 P. M. I discovered that the membranes were entire, and that no liquor amnii had escaped. I drew the nail, like a saw, for some time over a portion of them, and at last the liquor amnii began to escape in large quantity, and strong uterine contractions followed. The head of the child was soon pressed down between the anterior portion of the neck of the uterus and the placenta, where the separation had taken place, and the labour was safely completed in an hour. There was no hemorrhage after the membranes were perforated. The child was dead.

This patient had not recovered from the effects of the loss of blood for several weeks, and for several months a constant sanguineous discharge from the uterus remained.

In several cases, similar to the preceding, of partial placental presentation, the membranes were ruptured, and the delivery safely completed without the operation of turning.

CASE 12.—On the 10th of November, 1835, I was requested, by Dr. N. Grant, to see a woman, residing in Lower James street, who had been suddenly attacked with profuse uterine hemorrhage in the eighth month of pregnancy. Six days before, without any accident, when she had gone out to market, a great gush of blood took place from the uterus, which produced faintness. No fresh discharge occurred till this afternoon, when another immense flow of blood took place, and complete prostration of strength followed. When Dr. Grant was called to her, at 3½ P. M. the hemorrhage continued, and she was almost completely insensible, with cold extremities and a rapid feeble pulse. He found the placenta presenting. At 4 P. M. the flooding continued. The vagina was partially filled with clotted blood. On passing up the hand, I found the placenta adhering all round to the neck of the uterus. There was no point where the organs were completely separated from one another, where the hand could be readily introduced into the

cavity of the uterus. The os uteri was considerably dilated. I found, on attempting to pass the hand, that it offered great resistance. This was, however, gradually overcome, and the fingers were slowly insinuated behind, between the uterus and placenta, into the cavity, and the membranes were ruptured, and the child speedily delivered by turning. The placenta came away soon after, and an immense flow of blood immediately followed. This was soon checked by the external application of cold and the introduction of the plug: but the pulse became imperceptible; the face covered with a clammy perspiration; the lips and hands livid; the breathing hurried, with great restlessness, and she died two hours after. Stimulants were wholly ineffectual in this case.

CASE 13.—St. Marylebone Infirmary, 17th November, 1835. A young married woman, the eighth month of her second pregnancy, was brought last night into the lying-in ward, in consequence of an attack of uterine hemorrhage. She reported it to have been produced by great bodily exertion the preceding day. The hemorrhage had almost entirely ceased on the 16th.

2 P. M. on the 17th, I examined and found a portion of the placenta detached within the orifice of the uterus. The os uteri was slightly open, and rigid. Pulse not feeble; faintness entirely gone. As she was not in a condition to admit of artificial delivery, rest in the recumbent position, cool air, &c. were recommended, until the circumstances should justify interference.

18th.—The hemorrhage returned, and the edge of the placenta being distinctly felt passing into the membranes, they were ruptured, and the liquor amnii discharged. Labour pains soon came on, and a dead child was pressed down between the uterus and placenta, where they had been separated. The placenta was extracted soon after, and the hemorrhage did not return.

This woman died afterwards in the walls of the infirmary, from deep-seated inflammation of the uterus.

CASE 14.—I was requested by Dr. Boyd, assistant surgeon to the St. Marylebone Infirmary, to see a patient belonging to the institution, who had been attacked on Christmas-day with uterine hemorrhage, during a severe fit of coughing. It disappeared without producing faintness, but returned thrice, to a much greater extent, and produced a marked effect upon the constitution. The countenance, when I first saw her, was pale, the hands cold, the pulse rapid and feeble, and a considerable hemorrhage still continued. There were no labour pains. The movements of the child had been recently felt. The os uteri was so much dilated that the points of four fingers and the thumb could be readily passed into it. The circumference was not thin, but it was soft and dilatable, and I experienced no difficulty in introducing the hand between the anterior part of the orifice and the detached placenta, a portion of which was hanging into the vagina behind. Before the whole hand entered the cavity of the uterus, or the membranes were ruptured, I had grasped one of the feet. The operation of turning was easily completed, and the child was born alive. The binder had been applied around the abdomen before the operation was begun, and it was tightened several times during the progress of it. I left the placenta for some time in its situation after the extraction of the child, to produce the effect of a plug: it was afterwards removed without difficulty, after the uterus had contracted, and the patient recovered in the most favourable manner.

CASE 15.—March 24, 1836, I was requested, by Mr. Saunier, to see a patient, seven months pregnant, who, after suffering for several days from slight uterine hemorrhage, was suddenly reduced to a state of the most alarming weakness, from a great gush of blood taking place. When I saw her the blood was flowing copiously. The placenta could be felt adherent at the back part to the cervix uteri; at the fore part I felt the membranes. The orifice was so rigid that it was impossible to pass the hand into the cavity of the uterus, to turn. I ruptured the membranes, and a great quantity of liquor amnii escaped, after which the flooding entirely ceased.

The ergot of rye was given, but labour pains did not come on till the afternoon of the 26th, the second day after the membranes had been ruptured, when the child and placenta were expelled without a renewal of the hemorrhage.

On the 28th she had violent rigors, with headach, delirium, and a rapid feeble pulse. Symptoms of uterine phlebitis manifested themselves in a few days, and she died on the 11th of April, from inflammation of the lungs. For a week before death she suffered excruciating pains in the right shoulder-joint and arm.

CASE 16.—May 12, 1836, I was requested, by Mr. Kennedy, to see a patient who had awoke in the morning greatly alarmed by a discharge of blood from the uterus. The quantity lost had not been great, and the strength of the constitution was unimpaired. The orifice of the uterus was high up, and slightly open. I felt the placenta at the cervix. There were no labour pains. Delivery was considered unadvisable at the time.

15th.—Hemorrhage has continued, but not profusely, until this morning, when a great quantity of blood suddenly escaped, and she became extremely faint. There were no pains. The os uteri was largely dilated. I introduced the fingers of the left hand through the os uteri, and before the whole hand had passed into the cavity, I was able to lay hold of one of the feet and turn the child. The child was dead. The placenta was extracted soon after, and the flooding ceased. She recovered favourably.

CASE 17.—On the 3d December, 1836, I was called, by a medical practitioner, to a patient seven months pregnant, who had been attacked, on the morning of the previous day, with uterine hemorrhage. It returned twice in the course of the day, and again ceased, without producing any great effect upon the constitution. The ergot of rye was repeatedly given, without any attempt being made to ascertain whether or not the placenta presented.

At 1 A. M., when I first saw the patient, the extremities were cold, and pulse scarcely to be felt. She was extremely faint. The os uteri was widely dilated, and a large portion of the placenta felt at the posterior part of the cervix. The operation of turning was easily performed, and did not last five minutes. The child was dead. The uterus having contracted, the placenta was removed in half an hour after the child. No hemorrhage followed.

For three days she appeared to be recovering. Rigors, urgent thirst, pyrexia, pain in the loins and right side of the abdomen took place, and she died about ten days after, with the usual symptoms of inflammation of the veins of the uterus.

CASE 18.—On the 20th December, 1836, Mr. Gaskell, of King's Road, Chelsea, requested me to see a patient residing in Lower Eaton street, who had been attacked with repeated discharges of blood from the uterus, in the eighth month of pregnancy. The placenta was felt through the orifice of the uterus. The flooding had produced great exhaustion, yet the orifice of the uterus was not in a condition to admit of artificial delivery. For some days the hemorrhage was controlled, but it returned with great violence, and Mr. Gaskell passed up the hand into the uterus, and delivered the child alive. The placenta soon came away, and Mrs. O. appeared for two hours to recover, and then suddenly expired without any further loss of blood.

CASE 19.—On the 10th March, 1837, I was called, by a surgeon residing near Holborn, to see a patient who had been attacked with profuse uterine hemorrhage four weeks before, when at the end of the sixth month of pregnancy. It had returned at intervals, but in a slight degree. During the preceding night a large quantity of blood had escaped. Twenty grains of the ergot of rye had been administered about half an hour before I saw the patient, although no examination had been made to ascertain the actual state of the case. Pain followed the ergot, and a great increase of the discharge. I found the orifice of the uterus soft and widely dilated, and a large portion of the placenta hanging through it, detached from the cervix. I passed up the hand readily into the uterus, and laid hold of one of the feet of the child

before the membranes were ruptured. The child was extracted alive without difficulty. The placenta was left as a plug till the uterus had contracted. The patient speedily recovered.

CASE 20.—On the 19th July, 1837, Mr. Tucker, of Berners street, requested me to see a patient in St. Martin's Lane, who had presentation of the placenta, and was reduced to a state of extreme exhaustion by the loss of blood. She was near the full period of pregnancy, and during the preceding seven days had, at short intervals, lost a large quantity of blood. I passed the hand readily through the orifice of the uterus, though it was not dilated more than an inch and a half in diameter, and after rupturing the membranes, grasped the feet of the child, and delivered without difficulty. The placenta was not removed for a considerable period. No hemorrhage occurred, and the patient recovered after a severe attack of uterine phlebitis.

CASE 21.—On the 11th June, 1838, Dr. Boyd sent to request me to attend an out-patient of the St. Marylebone Infirmary, who had been attacked, five days before, while in the seventh month of pregnancy, with uterine hemorrhage. A great quantity of blood had been lost, and the discharge going on rapidly, with frequent fits of syncope, Dr. Boyd proceeded to deliver by turning. I saw her soon after, when the placenta had been removed, and the hemorrhage had ceased. There was still great faintness, the extremities were cold, and the pulse scarcely perceptible. She recovered from the immediate consequences of the hemorrhage, but afterwards died with all the symptoms of suppuration of the uterine veins.

CASE 22.—On the 12th January, 1839, Mr. Jones, of Carlisle street, Soho Square, called me to see a lady in the eighth and half month of pregnancy, who had been attacked with uterine hemorrhage a month before. It first took place without any accident or pain, and the quantity lost was about half a pint, and it produced little effect upon the constitution. She remained quiet for several days, and then got up, and only felt a little weak. For ten days she went about, but the hemorrhage returned on the fifteenth day after the first attack, but not to a great extent. Seven days after this, a third and more profuse hemorrhage took place; it gradually went off, but not so quickly as the other attacks.

At one o'clock, 12th January, it was renewed to an alarming extent, without any pain. About a quart of blood was suddenly lost, and she became extremely faint. At 4 a. m. the discharge still continued. When I first saw her, at 7 o'clock, she felt faint; the pulse was rapid and feeble; the upper part of the vagina was filled with a large clot of blood, which adhered to the os uteri. By displacing this at the back part, I could distinctly feel the placenta adhering all round to the neck of the uterus, which was thick and rigid, and very little dilated. The effect produced by the hemorrhage was so great, that it was evident death would soon take place if the delivery were not speedily completed; and the state of the orifice was such, that it was certain the hand could not be passed but with the greatest difficulty. At 8 o'clock Dr. Merriman saw her with us, and agreed that immediate delivery was necessary. I passed the right hand into the vagina, and insinuated my fingers between the uterus and placenta at the back part, and reached the membranes; but the rigidity of the orifice was such, that though I employed great force for a considerable time, I could not succeed in getting the whole hand into the uterus. Dr. Merriman recommended rupturing the membranes; and I was proceeding to do this with the fingers, when I felt one of the feet of the child, which I grasped and brought down into the vagina, enveloped in the membranes, which then gave way. Nearly half an hour elapsed before the version could be completed; and when it was effected, the neck of the uterus grasped the neck of the child so firmly, that I experienced the greatest difficulty in extracting the head, and not till I had made pressure for some time with the fingers, and dilated the orifice of the uterus. A great discharge of blood instantly followed; the placenta was removed, and every means employed to stop the hemorrhage; but the

breathing became hurried, the extremities cold, and she died in less than an hour after delivery.

Dr. Merriman informed me that a patient of his had actually died under similar circumstances, before the head could be extracted.

The last case of hemorrhage from placental presentation which I shall relate, occurred to Dr. H. Davies and myself, still more recently; and the circumstances were, if possible, still more distressing and unfortunate.

CASE 23.—Mrs. H. was attacked with uterine hemorrhage at the beginning of February, 1839, when seven and a half months pregnant. About twelve days after it returned a second time, and yesterday morning a third time. About half past 12, on the night of the 5th March, 1839, Dr. Davies requested me to see her with him, as the hemorrhage had returned in a dangerous form, and the orifice of the uterus was not in a condition to admit of delivery. We found the placenta adhering all round to the neck of the uterus, the orifice rigid and undilatable, and open to the extent of a crown; the head of the child presenting. By cold applied externally and internally the hemorrhage was restrained till six o'clock in the morning, when it was renewed with violence; the orifice in the same state. Dr. Davies then pressed his fingers through the placenta, tore it in two parts, and perforated the membranes.

8½ A. M.—No hemorrhage; slight pains.

11 A. M.—No flooding; head pressing into the orifice of the uterus. We were prevented at this time from perforating and extracting the head by the rigid state of the os uteri. She seemed to regain strength during the day, but at 10 in the evening, without any further loss of blood, she began to breathe with great difficulty; the lips were livid, the hands and feet cold, and it was evident she would soon die undelivered if we did not interfere.

I opened the head, and extracted it with the greatest difficulty, in consequence of the firm and rigid state of the os uteri. The operation was scarcely completed before she was dead.

BIBLIOGRAPHICAL NOTICES.

*Sir A. Cooper's Surgery.*¹

Mr. Tyrrel's edition of the lectures of the veteran Surgeon—whose name will be on one of the brightest pages of chirurgical history—has been long before the public, yet, although approved, it is not as complete as that by Lee. The latter, however, owing to its various plates and to the admission of much that is contained in some of Sir Astley's *ex professo* treatises—those on the mammæ and testis for example—would necessarily be more costly, and could not be readily compressed into one volume.

The edition before us forms an excellent text book or accompaniment to the surgical student. A mistaken idea exists, that certain *text books* are used exclusively by the different professors in the Philadelphia and other schools of medicine. Books are recommended to the student owing to their being—in the opinion of the professors—better *accompaniments* than others to the student. For this, and other reasons, certain works may be preferred, yet none may be rejected. It is singular, indeed, to notice, amongst teachers,

¹ The Lectures of Sir Astley Cooper, Bart., F. R. S. Surgeon to the King, &c. on the Principles and Practice of Surgery, with additional Notes and Cases. By Frederick Tyrrel, Esq. Surgeon to St. Thomas's Hospital, and to the London Ophthalmic Infirmary. Fifth American from the last London edition. Complete in one volume, large 8vo. pp. 580. Philadelphia, 1839.

the different sentiments that are entertained on this subject, some awarding their preference to one book, whilst by another, a different one is as unhesitatingly recommended; a proof, perhaps, that both are worthy of favour.

Dr. G. R. B. Horner's Medical Observations.¹

The opportunities of the medical officers of our Army and Navy for observing many matters of scientific and literary interest are numerous; yet we rarely find that they favour us with the results. The reception, which Dr. Ruschenberger's instructive volumes have met with, ought, however, to encourage them. These, it is true, were adapted for public perusal, whilst such works as the one before us are intended rather for the profession. Still, amongst them, there ought to be encouragement enough afforded to the gentlemen in question to induce them to appear more frequently before the world. We know, that the feeling prevails too much amongst the profession, that works meriting their attention must be *directly* practical: this is unfortunate. To be extensively useful as a practising physician, an extensive acquaintance with men and manners is indispensable. It prevents that narrow reasoning in a vicious circle which we so often notice, and which is so baneful to true science.

We recommend Dr. Horner's work to our professional brethren upon the same principle that we would recommend, every one, who is able, to travel, in order to learn what is done elsewhere, and to have the sentiments liberalised, as they must necessarily be—by such information.

It contains sketches of topography, climate, hospitals, diseases, &c. of the Mediterranean, Lisbon, Spain, Gibraltar, Minorca, Marseilles and Toulon, Sicily, Graham's Island, Malta, Corfu, the Archipelago, Smyrna, and the adjacent ports, and Palestine; and was originally published in the "Select Medical Library."

Wallace on the Eye.²

The author of the "Treatise" before us—which is the second impression, as the title imports—has devoted much attention to the eye, and has been actively engaged as an oculist in the city of New York. He has canvassed certain points connected with the comparative anatomy of the eye, from which he is disposed—amongst other matters—to believe, that in man the adjustment of the eye to different distances exists, of which we have not only expressed our doubts but our disbelief. Such, too, is the conclusion of Magendie, Fletcher, Biot, and numerous others. Dr. Fletcher indeed strongly remarks, that "it appears absurd to attempt to explain a fact, which has no real existence, since it has never been proved that the eye ball has any capability of adapting itself to different distances, or that any such

¹ Medical and Topographical Observations upon the Mediterranean, and upon Portugal, Spain, and other countries. By G. R. B. Horner, M. D., U. S. N., Surgeon to the U. S. Naval Asylum, and Honorary Member of the Philadelphia Medical Society. Svo. pp. 212. Philadelphia, 1839.

² A Treatise on the Eye, containing discoveries of the causes of near and far sightedness, and of affections of the Retina, with remarks on the use of medicines as substitutes for spectacles. By William Clay Wallace, Oculist. Second edition, 12mo. pp. 88. New York, 1839.

adaptation is required."¹ Many of the author's views are connected, however, with the existence of this power of adaptation.

Dr. Wallace has evidently bestowed much attention on the eye in its healthy and diseased state, and—we doubt not—is a skilful oculist.

MISCELLANEOUS NOTICES.

Washington University, Baltimore.—The Washington Medical College has, by a late act of the general Assembly of Maryland, been converted into a University, with the powers attached to such Institutions. We observe, also, that the Government of the United States has selected the Hospital attached to the University as the place in which the seamen of the port of Baltimore, entitled to Hospital relief, are to be received.

The number of students, during the last season, was fifty-three; of graduates seventeen.

Haynes's Utero-abdominal Truss—We have been favoured by the contriver with one of these ingenious instruments, which resemble the "utero-abdominal supporter" of Hull. A great difference however, is in the *coiled springs*, which are concealed in the pads, and attached to the body and perineal straps. They are designed to allow of freedom of motion in the patient, whilst, at the same time, they aid in supporting the parts in whatever position she may place herself.

The instrument impresses us favourably, and we should like to see its merits well tested.

Clinical Remarks by SIR B. C. BRODIE.² *Operations.*—When I was a young hospital surgeon, I entertained a very exalted idea of operative surgery, and thought very highly of the great importance of *immediately* performing an operation whenever it might seem to be required. I have had much experience, however, since that time, and I now think that some little circumspection should be used beforehand, and that the chances of recovery which you give to the patient by *immediately* operating should be well weighed, giving notice to the patient of any danger that may occur from such speedy proceeding with the knife, as well as the results that may arise to him afterwards, even on recovery. More particularly should this injunction be observed in operations upon patients in whom scrofulous and carcinomatous temperaments are evident. You may say to me that in these latter cases the patient would die if a cancerous breast were not removed, and that the operation *per se* would not make the patient worse. That may be true, but you must remember that some harm would certainly ensue were it only from increasing the pain which the patient has already borne so long. But there is a much greater mischief than this. You should consider well what the effect of an unsuccessful operation will be upon the minds of society at large, for every surgical operation that fails, prevents two or three persons from submitting, in cases where the use of the knife might be successful. This caution is required at once on behalf of ourselves, of society, and of our art. Do not, then, always operate when you will by no means be sure of success, and when you are sure that the operation will fail, even if the patient wishes it ever so much. Unfortunately, surgeons in general are not observant of such a line of conduct as this. You can, of course, lay down no general rule: each case will require a separate consideration; but this much is certain, that patients with organic diseases are always bad subjects

¹ Rudiments of Physiology, P. iii. p. 48. Edinburgh, 1837.

² London Lancet, Aug. 17, 1839, p. 743.

for the knife. If one comes to you with a diseased knee, and you discover that he has some visceral affection, do not operate upon him, for if you do the stump will slough, and the patient die. If in a patient with stone you discover that the bladder or the kidney is diseased, (I do not mean functionally), hold your hand, or depend on it he will die in three or four weeks. Be equally careful in all truly malignant diseases, as well as in all varieties of what are called half malignant diseases. Surgeons were formerly very ready to operate in all cases, but I do not operate in one case out of sixty that I see. All persons who wish to become the subjects of operations come to London to have them performed. In very many of these cases I have known the operation to fail. I have objected to it myself, and it has been done fatally by another surgeon. Where malignant disease is combined with disordered visceral action, there is a very great probability of the disease afterwards returning. Not that you are to refuse to operate in all such cases, for in some of them you may prolong the patient's life, with a great respite from suffering. A patient had better die of diseased lungs than of cancer. But in these cases be very careful what you do. Small operations constitute the best part of operative surgery. They reflect most credit on the profession, and do more good to society. What good do they effect? Why how many cases are wholly cured by small operations! And, moreover, they are not dangerous. But small operations may bring on erysipelas; therefore be careful not to operate when erysipelas is prevalent. And at all times enquire into the state of the general health. Learn if the patient be a drunkard or a free liver; and if so, beware. I knew a lady of fashion who got drunk every morning, and died from the puncture of a small encysted tumour. Women of high rank are very nervous and hysterical. Persons in whose families mania may have existed, are bad subjects for operations. They sometimes die afterwards in a very strange manner—with some very unusual symptoms.

Strictures.—Any foreign substance in the bladder, such as red sand, or ropy mucus, will, by its presence, irritate the neck of the bladder and parts immediately adjacent, and impede very much the progress of cure in stricture. First get rid of the abnormal visceral secretion, and then proceed with proper remedies to cure the stricture.

Encysted Hydrocele.—A little boy, about four years of age, was admitted under my care, with a tumour occupying the right side of the scrotum. On its first appearance it resembled hernia, but on further examination I found it to be an encysted hydrocele of the chord. It could be pressed up behind the tendon of the external oblique muscle, and when there it could very easily be felt. I have met with several similar cases. The great diagnostic mark between it and hernia is that you feel a substance of intestine over the chord, which you would not do if the disease were hernia, whilst the tumour in the scrotum is perceptible to the touch. The child was ordered to have the tumour covered with a solution of muriate of ammonia, in the proportion of one dram to four ounces of water, and four ounces of acetic acid.

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ART. I.—PHILADELPHIA HOSPITAL, (BLOCKLEY.)

DR. DUNGLISON, ATTENDING PHYSICIAN.

Case of Apoplexy—Extensive softening of the left corpus striatum.
Reported by JOSEPH B. COTTMAN, M. D., Resident Physician.

George Freeborn, æt. 21, labourer; born in Ireland; came to this country about four weeks ago; landed in New York; was then in perfect health; came to Philadelphia soon afterwards; was much exposed to the sun during his passage over, and for several weeks since he has been in this country; attacked with vomiting and intense pain in his head on the 15th of July; a physician was called to see him, who had his head shaved; cups, leeches, and blisters were applied to the nape of his neck, blisters to the lower extremities, and he took some medicine internally; he gradually grew worse until the 3d of August, when he was deprived of speech; on the 4th, rigidity of right arm and leg was observed, which continued to grow worse until the 9th, when he was brought to the hospital.

State.—Very much emaciated; decubitus dorsal; left leg slightly flexed; right side completely paralysed; extremities very rigid; skin warm and moist; pulse 120 in right arm, and scarcely perceptible in left; face flushed, distorted; mouth drawn to left side; pupils dilated; nostrils dilate very much on expiration; tongue coated with a dark brown fur; gums and teeth covered with sordes; respiration laboured, costal; a wheezing noise in breathing; takes no notice of any thing; has to be confined to his bed by means of straps to prevent him from falling out.

Treatment.—Blisters were applied to the nape of the neck and to the extremities.

August 10th, A. M. Slept none; restless during the night; this morning is improved in appearance; observes objects; pupils not so much dilated; skin warm and perspirable; pulse 120 in right arm; passes his evacuations, which are thin, watery, and yellowish, in bed.

P. M. Very restless; face very much distorted, and expressive of pain; lies on his back, with his left hand constantly applied to his head; the right hand lies powerless by his side; arm and leg on right side very rigid; loss of sensation; temperature of right side, as indicated by a thermometer placed in axilla, 99°, left side 104°; subsultus tendinum in both extremities; skin of left side natural temperature, and perspiring; pulse 126 in right arm, full and bounding; blister drew well. It was ordered to be dressed with the ung. hyd. fort. blisters on extremities discharge freely; dressed with the same. Applicentur hirud. American. No. xxxvi, ad tempora.

11th A. M. Slept none through the night; found him asleep at the morning visit.

P. M. Intelligence clearer; observes when spoken to; endeavours to protrude his tongue when asked to do so; tongue still coated with a dark furf; teeth covered with sordes; pupils slightly dilated; respiration easy; pulse 112, full and regular. Continue the mercurial dressings, and give the following enema every night.

℞. Ol. terebinth. ℥ss. muc. lini ℥vss.

12th P. M. Expression calm; face not so flushed; skin of left side of natural temperature; respiration easy; pulse of right arm 98, regular, scarcely felt in left; drowsy; slept a greater part of the day; asleep at present; intelligence at times better; recognised some acquaintances who came to see him to day.

Continue to dress the blistered surfaces with the unguentum hydrargyri, and give the stimulating injection at night.

13th A. M. Slept very little during the night; very noisy; constantly moaning; pupils somewhat dilated; mouth drawn more to left side; extremities of right side more rigid; passes his evacuations involuntarily. Continue the treatment.

14th. No change since yesterday. Continue the treatment.

17th. Somewhat improved; expression better; stronger; is able to raise himself in bed by the aid of his left arm alone; pupils slightly dilated; mouth still drawn to left side; tongue cleaner; gums very much swollen; mercurial fœtor of breath; teeth covered with sordes; respiration easy; pulse 98, regular; passes his evacuations in bed.

No change in the treatment since last note; apply another blister to the nape of neck; blisters on lower extremities still open, dressed with the unguentum hydrargyri.

21st. More intelligent; observes when spoken to; extends his left hand when asked to do so; expression improved; pupils more natural; tongue and gums clean; pulse 120 on right side; right arm and leg still very rigid; very noisy at night; moans almost constantly; sat up yesterday in an arm chair a greater part of the day, a strap being put around him to prevent him from falling out. Continuent. remedia.

22d. Improved; allowed to sit up during the day.

23d. Became faint yesterday afternoon; very drowsy; could not be aroused; pulse failed; extremities became very cold; means were made use of which brought about slight reaction; he, however, soon sank back into the same state, and died August 25th.

Necroscopy ten hours after death.—Exterior very much emaciated; on dividing the scalp and dissecting it off, two marks of contusions were observed on the parietal bones on each side.

Brain.—Dura mater natural, slightly adherent to arachnoid; a few vessels were detached on separating it; arachnoid injected and slightly opaque on the summit of both hemispheres, more particularly the left; no fluid in the longitudinal sinüs; about a gill of fluid between the membranes and the brain, immediately anterior to the medulla oblongata; on cutting down into the right ventricle, a small quantity of fluid was found—about two drams; substance of brain, on the right, natural; the substance of the corpus striatum on the left side, in its upper portion, to the extent of about one fourth of an inch, was reduced, to a greenish yellow pulpy mass; portions of it were reduced to a yellowish pus; the medullary substance of the brain on that side, as far up as the base of the convolutions, was softened, to the extent of two and a half inches in the antero-posterior direction, and two inches in the transverse, extending more particularly to the anterior portion of the brain; choroid plexus very finely injected; the arachnoid membrane, extending over the base of the cerebellum, was more than ordinarily injected; over the pons varolii and about the medulla oblongata very minutely injected; substance of the cerebellum of good consistence; of the medulla oblongata also.

The other organs of the body were normal, with the exception of the kidneys, which were atrophied

J. B. COTTMAN.

ART. II.—CLINICAL OBSERVATIONS ON THE USE OF THE AIR-DOUCHE IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR.

BY T. WHARTON JONES, ESQ.¹

Circumstances having of late forcibly drawn the attention of the profession to catheterism of the Eustachian tube, and injections of atmospherical air into the tympanum, it behoves every one to contribute what mite of information he may possess, at all calculated to clear away the difficulties or doubts which hang about the subject; for, like most new modes of treatment, considerable misconception prevails regarding it, both as to the principle and performance of the operation, as well as its advantages, being on the one hand overrated, and on the other underrated.

Carefully observed and faithfully reported cases, it is obvious, are the only means of guiding to a correct judgment. Many cases are to be found in the works of Deleau and Kramer, but they do not record the daily progress of the treatment: for this reason I have thought the following cases, extracted nearly word for word as they occur in my case-book, might be read not without interest. And here I would express a hope that these contributions will be received as they are offered, viz. as imperfect observations on a subject not, indeed, of easy investigation, but by no means incapable of it—a subject, which, it is hoped, surgeons will see the propriety of attending to more than hitherto, so as to be able to discriminate what can from what cannot be done, and what it is safe from what it is unsafe to do. In all this we must keep in mind the precept—“*Nil fingendum, nil excogitandum, sed inveniendum quod natura ferat—quod natura faciat.*”

It is to be premised, that we endeavour to form our diagnosis of the state of the Eustachian tube and cavity of the tympanum on the principle already adopted in diseases of the chest, viz. to hear when it is impossible to see or touch the disease, the only difference being, that the air producing the sounds in the tympanum is put into motion artificially by the air-douche.

In regard to the air-douche as a means of treatment, all that can be effected by it is the gradual dispersion of any accumulation of mucus which may exist in the middle ear, or the rendering pervious the Eustachian tube, the walls of which have been glued together by thickened mucus.

The eye and ear, though apparently so very different from each other, coincide in many respects both in their structure and in their diseases. As the diseases of the former are much better known than those of the latter, the cautious use of this analogy will be of material service in our examination of the morbid conditions of the ear. Thus, for the sake of example, it may be mentioned that the conjunctiva, that part of the eye which is the seat of some of its most important diseases, is a mucous membrane situated at the peripheral surface of the eyeball. In the ear some of the most common cases of the derangement of its function depend, in like manner, on the morbid condition of a mucous membrane—that lining the cavity of the tympanum—which, being situated at the peripheral surface of the labyrinth, the essential part of the apparatus of hearing, bears exactly the same anatomical relation to it as the conjunctiva does to the eyeball. Again, the nasal duct, a mucous canal, is the seat of some not unfrequent and very troublesome affections of the eye. The Eustachian tube, which resembles the nasal duct in every anatomical particular, does so also in a remarkable degree in its pathological states. Many more examples might be given of the similarity between the structure and diseases of the eye and ear, but these are sufficient to direct attention to the fact. It is to be borne in mind, however, that in consequence of the difference of conditions required for the exercise of the functions of the two organs, the same elementary form of disease shall have a very different effect on vision and hearing. For ex-

¹ *Lond. Med. Gaz.* Aug. 3, 1839, p. 670.

ample, inflammation and obstruction of the nasal duct has not such a direct effect on the exercise of the function of the eye as the same state of the Eustachian tube has on that of the ear.

In the case of the eye, we can readily remove any accumulation of thickened mucus by means of a sponge and warm water; but the more inaccessible cavity of the tympanum requires to be cleared out by more complicated means. In applying the air-douche for this purpose, or for the purpose of diagnosis, we ought to go on much the same principle as is followed when it is wanted to blow dust, &c. out of the pipe of a key, viz. give free room for the regurgitation of the air, both where the catheter is inserted into the mouth of the Eustachian tube, and where the nozzle of the tube of the air-press is inserted into the dilated end of the catheter.

But as in catarrhal ophthalmia, for instance, it is not enough to wipe away the discharge from the eye, but also necessary to make some local application to the conjunctiva, if not to employ some general remedy; so in many cases we must medicate the membrane lining the cavity of the tympanum at least (if we do not think it necessary to adopt any more general treatment,) after the accumulated mucus has been removed by the air-douche; or in the event of no accumulation existing, there may still be a morbid state of the membrane lining the cavity of the tympanum, admitting of being as beneficially acted upon by some local stimulating application as the conjunctiva in chronic conjunctivitis.

It is as simple a matter to put a drop into the eye as to wipe away a discharge; but in the case of the ear, it is as complicated a proceeding to apply a remedy directly to the membrane lining the cavity of the tympanum as to disperse accumulated mucus. Watery injections are inconvenient in their application, and cause pain. The vapour of acetic ether, admitting of being easily sent in, and exciting no pain beyond a prickling sensation, has been found the best adapted.

The cases which derive advantage from the injection of ethereal vapour, Dr. Kramer considers cases of nervous deafness; but I believe some change in the membrane lining the tympanum, will, in many instances, be found a more likely cause of the symptoms than any affection of the auditory nerves, as well as the more likely condition to be benefited by the contact of the vapours of acetic ether.

We have, as yet, no correct knowledge of the diseases of the labyrinth. A correct diagnosis, as far as may be, having been formed, of course it is advisable to employ, before or in addition to purely local treatment, leeching, blistering, or whatever other more general remedies may be indicated, the same principles that guide in the employment of general treatment in diseases of the eye, &c. guiding us here.

To place in a striking point of view how far the air-douche serves as a means of diagnosis, and how far as a means of treatment, I take the following calculation from Dr. Kramer's "Tabular view of the frequency and curability of diseases of the ear," remarking that it corresponds with my own, though less extensive experience here. Out of 300 cases of diseases of the ear of all kinds, 200 in round numbers require the air-douche to assist the diagnosis, but about 30 only are curable by it. Of the remaining 170, about 30 are put down as cured, and about 50 as relieved, by the injection of vapours of acetic ether; this treatment having been continued for months. Of the remainder, 80 were considered as incurable from the first, and not treated (farther than the exploratory treatment, I suppose;) the rest remained rebellious to treatment.

As, in the following cases, admeasurement of the hearing distance by a watch is constantly referred to, it may be well to remark that the capability of catching conversation is not always in proportion to the power of hearing a definite and equable sound, like that of a watch. The power to follow conversation is, in fact, sometimes greater than we might suppose indicated by the distance at which a watch is heard; but, on the other hand, it is also

sometimes considerably less, and this I have particularly remarked in cases treated, and so far improved, by the injection of vapours of acetic ether. Notwithstanding this, an approximate conclusion regarding the state of the hearing, sufficient to regulate our diagnosis and treatment, can be made by means of the ticking of a watch, particularly as the sound can be admitted to the ear under examination, always under similar circumstances.

CASE I.—Accumulation of wax in external auditory passages—Obstruction of Eustachian tubes—Cavity of the tympanum free.

A. B. a woman servant, aged 40.

Wednesday, August 9, 1838.—*Left ear*: Hearing distance by a watch, two inches, with noise in the ear sometimes like a waterfall.

A year last January, the affection came on for the first time, in consequence of cold. The deafness continued for about six weeks, and then went off suddenly. About the end of the following summer the deafness came on again, and then went off as before. Was attacked again in the following winter, but that time the deafness and noise in ear continued three months. The present attack has continued six weeks.

Right ear.—Hears the same watch at the distance of nine feet ten inches. Had noise in the right ear last year, but not now. The right ear was as bad as the left when first attacked.

Throat a little red, but not swollen. Sense of smell not so acute as formerly, and nostrils rather dry.

Considerable accumulation of dark brown wax in both auditory passages. Wax ordered to be syringed out preparatory to further examination.

Thursday, 9th.—Has had both ears syringed out. The passage on the right side is now quite clean, and free from any accumulation of wax; but the lower wall, about the middle, has been fretted by the point of the syringe. The membrana tympani on this (right) side, is opaque and slightly yellow; the handle of the malleus, however, can be distinctly seen.

Still some wax in the left passage, so that only the lower part of the membrana tympani can be seen; and this part appears to be in the same state as the membrane is on the right side.

Noise in the left ear entirely gone, but still feels stuffed.

Hearing distance of the right ear, fifteen feet, seven inches; of the left ear, fifteen feet, four inches.

Ordered the left ear to be syringed again, and a solution of the acetate of lead (gr. iij. aq. dest. ℥j.) to be poured into the auditory passages two or three times a day.

Friday, 10th.—Hearing distance of right ear, thirteen feet, nine inches; of left ear, nine feet, six inches.

Still some wax in left auditory passage, which was ordered to be syringed out again.

A feeling of stuffing in both ears, proceeding from the nose, as if she could not breathe.

Applied the air-douche to the left side, and found that the air did not penetrate to the tympanum.

To take a little medicine.

Saturday, 11th.—Still some wax adhering to the upper wall of the left auditory passage, but the whole of the membrana tympani can be seen. Has had some noise in the left ear like the singing of a tea-kettle.

Hearing distance of the right ear ten feet, six inches; of the left ear fourteen feet, nine inches.

Applied the air-douche again to the left ear, but the air did not penetrate. Applied the air-douche also to the right ear. The air penetrated at first in a small whistling stream, and then with some gurgling, but yet not very freely. Stuffing on the right side a little relieved, but still exists on the left side.

The right ear heard the watch, after the application of the air-douche, at

the distance of seventeen feet, nine inches; the left ear at eleven feet, ten inches.

Monday, 13th.—Left auditory passage is now quite clear. Still some noise in left ear like the ticking of a watch, but not constant.

Applied the air-douche to the left ear. The air now penetrated a little, so that the sensation of stuffing is somewhat less. Applied the air-douche to the right ear also, when the air entered more freely than on Saturday, and with a rushing and gurgling sound.

Hearing distance of the right ear is eighteen feet four inches; that of the left ear is nineteen feet nine inches.

Tuesday, 14th.—The right ear just hears the watch from one corner of the room to the other (about twenty-five feet.) No stuffing.

Left ear.—Stuffing less; still some noise like the ticking of a watch occasionally. Just hears the watch from one corner of the room to the other.

Applied the air-douche to the left ear only to-day. The air now enters freely with a rushing and howling sound. After the douche, no noise in the ear, nor feeling of stuffing. The heaviness and confusion of the head which she had formerly, are now gone. About five minutes after the application of the air-douche, heard the watch with the left ear pretty distinctly from one corner of the room to the other.

Wednesday, 15th.—Has had no noise in the left ear since yesterday. Stuffing very much less. Throat and tongue pretty well.

Hears the watch distinctly with both ears from one corner of the room to the other.

To come again on Friday.

Friday, 17th.—Noise in the ears recurred this morning, together with the sensation of stuffing.

Right ear fourteen feet eight inches; left ear sixteen feet.

Applied the air-douche to both sides. There was some gurgling heard in the right tympanum. Some stinging pain felt, more on the right side than on the left, when the air is sent in with any degree of force.

After the douche, heard the watch from one corner of the room to the other, but less distinctly with the right ear than the left. Noise and stuffing gone.

Saturday, 18th.—No complaint, and hears well. Dismissed cured.

Remarks.—Though a simple, this is a very valuable and instructive case; and as such, I have chosen it to begin with.

The first thing to be noted is the coincident accumulations of wax in the external auditory passages, with obstruction of the Eustachian tubes, complete on the left side, and incomplete on the right—circumstances indicating the previous existence of erythematous inflammation of the external auditory passages, and a catarrhal affection of the mucous membrane of the middle ear.

Though the right and the left auditory passages were equally stopped up with wax, the Eustachian tube of the right side was not completely obstructed; hence perhaps, the cause of the difference in the power of hearing presented by the two ears before the removal of the wax.

But the circumstance which merits particular notice, and which, according to prevailing notions of the physiology of the ear, was not to have been expected, is the great increase of the hearing distance after the removal of the wax, notwithstanding the existence of obstruction of the Eustachian tubes discovered by the application of the air-douche—obstruction so complete on the left side as not to yield to the air-douche until the third sitting.

The obstruction of the Eustachian tubes appeared to be owing to a glueing together of their walls by thickened mucus. The sounds produced by the entrance of the air indicated a pretty natural state of the cavity of the tympanum; hence the rapid improvement in hearing consequent on the removal of the wax, even while the Eustachian tubes remained obstructed, and the still further and equally rapid improvement, according as the latter were rendered pervious.

ART. III.—ON QUACKERY AND ON EAR MEDICINE.

BY HENRY SAVAGE, ESQ. M. R. C. S. L., LECTURER ON ANATOMY, &C. LONDON.¹

Bonis nocet quisquis pepercit malis.—PUBLIUS.

[Since sending the last article to the press, we have received the following, in which the writer—after speaking of various forms of quackery, and of the necessity for the members of the medical profession to guard the public against the snares of the empiric—thus alludes to ear medicine. *Ed.*]

An instrument called an air-press has been lately introduced into this country, being intended, by its ingenious inventor, for the treatment of those diseases of the ear which are confined to the tympanum, and to which alone it can be of any service whatever. Kramer, a German physician of considerable eminence, in a work on Otic Diseases, which, unlike any of its predecessors, national or foreign, bears, on every page, the stamp of truth, amongst other valuable matter, has given ample direction for the use of this instrument. He points out, and distinguishes, with the utmost precision, those cases for the treatment of which it is peculiarly adapted; in fact, he has quite revolutionised ear medicine, before practised so empirically, by applying curative measures directly to the tympanum and Eustachian tube, in those complaints which hitherto have been exclusively submitted to external treatment.

It is a well known fact, which is understood on the slightest anatomical examination of the ear, that the channel through which sonorous impressions are conveyed to the brain, consists of three distinct portions, which have no opening of communication with each other. The external portion, called also *external ear*, consists of a cartilaginous expansion, and a canal, partly osseous and partly cartilaginous. The latter, from being incurvated, and consequently not easily seen throughout the whole of its inner surface, has given rise to the popular error of its forming an unobstructed channel in the head; but cautious and well directed examination shows that it is perfectly closed at its further end by a membrane, which effectually cuts off every communication with the portions beyond. This is the membrane of the tympanum, or drum; in appearance it resembles a circular piece of thin parchment, and like its patronym seems stretched across a second portion of the organ or tympanum itself; it is strengthened on its inner side by the lining of the last-named cavity, and on its outer by that of the canal. The *tympanum* (middle ear) is an irregularly shaped cavity, situated intermediately between the outer ear, above described, and the inner ear. The outer side of the latter thus becomes the inner side of the former, and forms a partition between the two. In this partition are two apertures (*fenestræ*;) each, however, is perfectly closed by a special membrane, in reality a tympanic membrane; but here it takes the name of the opening it serves to close, and is called fenestral. The tympanum contains a chain of little bones (*tympanic ossicula*), which are extended from within, outwards, across its cavity, one end being attached to the tympanic membrane, the other to one of the fenestral membranes. The Eustachian tube, so called after its supposed discoverer, Eustachius, is a canal by which the cavity of the tympanum communicates with the external air; and it opens opposite to the corresponding nostril at the upper and back part of the throat. The inner portion (*inner ear*) called, also, on account of its complex conformation, *labyrinth*, contains the auditory nerve, and is the most important part

¹ London Lancet, Aug. 31, 1839, p. 823.

of the organ, inasmuch as it is there only that the sonorous percussions are perceived by the sensorium. It is difficult to convey briefly to those not accustomed to anatomical pursuits, an adequate idea of the singular beauty of this portion of the acoustic apparatus as it exists in man, without referring to the more simple forms, under which it is found in animals of a lower grade in the animal scale.

The condition here alluded to, is shortly this: a membranous sac containing fluid serves as a surface for the expansion of the auditory nerve into sentient points of extreme minuteness. This inner sac, thus prepared for the reception of auditory impressions, is enclosed within a second or outer sac; but the latter also contains fluid, by which it is prevented from coming into actual contact with any part of the delicate nervous surface of the former.

Now, we are taught, by a well known hydrostatic law, that this fluid, which separates the two sacs, by reason of the property which it possesses in common with all fluids, transfers instantaneously to every point of the inner sac, in all its intensity, an impulse received on any point of the outer one. It is not necessary, therefore, that the entire surface of the outer sac should be exposed to sonorous impulses; a limited circumscribed spot is quite sufficient for the purpose; hence it is usual to find the outer sac osseous, with the exception of a small aperture or fenestra, which is closed by a fenestral membrane. This arrangement is repeated precisely in the formation of the human labyrinth; the difference consisting only in the configuration into which the two sacs are drawn out and extended; but these respective relations, as they exist in the less complicated conditions, remain unaltered.

The functions of the various parts above described, are shortly these. The outer ear collects sonorous impulses and conveys them along its canal to strike on the tympanic membrane. The chain of ossicula conducts them across the tympanum to the fenestral membrane, or circumscribed unossified point of the outer labyrinthine sac. Lastly, by means of the fluid between the two sacs, the impressions are multiplied, and so are received on every sentient point of the nervous inner sac quite as well as if the whole surface were exposed to them without intermediation. The only difference between the nervous sentient surface in the ear and that in the eye, which forms the retina, is this: the former is expanded on the outer or convex side of a sac of fluid, and the latter, on the inner and concavity of a similar structure.

As one essential condition for perfect hearing, the tympanic membrane must be free to vibrate; sound results not from one impulse long continued, but from many, following each other in quick succession. The limits between which regularly recurring impulses are perceptible, as sounds have been generally stated at 30 in a second, for the lowest; and 12,000 for the most *acute*; or, in other words, during that almost inappreciable space of time between two ticks of an ordinary watch, the membranes of the tympanum, and of course the ossicula, must be in alternate conditions of action and inaction 30 times; that is to say, in order to hear through the channel afforded by these parts, they having been put into action by one impulse, must return to their former quiescent condition before they can transmit a second impulse, and this process must be repeated for the whole 30 times. In order to accomplish this inconceivably rapid alternation of activity and repose, the bones are articulated in angular directions, presenting a series of levers in connection with each other, and furnished with muscles or elastic ligaments, which readily restore them to their inactive state. This arrangement forcibly reminds us of that in a pianoforte, between the finger key and the hammer which strikes the wire, whereby the impulse of the finger on the former is propagated with a certain mechanical advantage to the latter, and the whole returns to its original condition immediately after the note has been struck.

If the tympanum were a closed cavity the tympanic membrane and ossi-

cula could not thus vibrate, and one of the most important purposes of the Eustachian tube is to provide for the necessary external communication.

Deductions of the utmost practical importance may be drawn from the above imperfect sketch of anatomical and physiological peculiarities of the organ.

1. Disease may be exclusively confined to one of the three compartments of the ear; the other two remaining unaffected.

2. Curative measures may be directed immediately to the outer ear; and also to the tympanum, through the Eustachian tube, but none can ever reach the labyrinth.

3. Diseases of the labyrinth are necessarily attended with absolute loss of hearing. The various affections of the outer ear and tympanum may render hearing exceedingly imperfect, but complete deafness requires a morbid alteration of the labyrinth.¹

The new system of ear medicine mainly consists in the circulation of fluids through the tympanum, by the way of the Eustachian tube, with the view of clearing it of mucous obstructions, or of inducing a healthy state of its membrane. By this mode its followers profess to cure the majority of deaf cases, and it remains to show how far their pretensions are to be relied on. Good or bad, they have not escaped the lot common to all novelties, when first ushered forth into the world; and, as might have been expected, the greatest opposition they met with sprung from the professors of the old school.

A recent medico-legal investigation into the cause by which sudden death had occurred during the use of this most important of modern acoustic instruments,—the air-press,—afforded these ancient aurists a rare opportunity, which did not escape their jealous watchfulness, of raising a clamour against the new system, and bringing its advocates into disrepute. The latter had fairly exposed themselves to the rebuke of setting up this instrument, by way of clap-trap, to catch unwary patients, who having been attracted solely by the encomiums lavished upon it, would not be contented unless it was tested upon themselves; at least, this is the most charitable excuse that can be offered in exculpation of that great want of discrimination which attended its employment. The rival aurists now amused the public, and disgusted the profession, by various explanatory counter statements; both parties joined in reprobating the mode of practice of their poor *confrère* in distress, whilst each endeavoured to show how much their individual plans differed from that which led to the lamentable occurrence in question. *Clap-trap* cannot be considered a term too harsh in the designation of any means introduced to the world as a universal agent, when it is not eligible in more than one case out of ten of those very diseases which it is stated to cure in all forms and conditions. The reader will find this assertion confirmed if he choose to consult the works of the great fathers of modern ear medicine,—Kramer, Itard, and Deleau, under whose sacred names the catheter is crammed down the Eustachian gullet of the capricious and credulous, day after day.

Kramer, who deserves implicit credence, gives the following statistical statement, which is drawn up with the greatest care. Out of 300 cases, taken as they occurred, 104 were uncured; 96 cured, 92 relieved, and 8 incurable. Of this 300—55 were cases of disease of the tympanum, 85 of the external ear, 152 of the internal ear, and the remaining 8, which are reckoned as incurable, were cases of deaf and dumb deafness. The 55 cases of tympanic disease may be classified as follows:—

¹ It is worthy of remark, that there is a wide difference between a mere perception of sonorous impulses, and the capability of discriminating sounds as is indispensable for vocal communication. The assertion that loss of the tympanic membrane and ossicula is not attended by impairment of the sense, is a grave error,—*natura nihil agit frustra*. What, then, can be the use of a complicated apparatus of bones and membranes?

		Uncured.	Cured.	Relieved.
Inflammation of the mucous membrane, with obstruction	34 viz.	"	28	6
Inflammation of mucous membrane, with stricture of the Eustachian tube	19	16	"	3
The same, with obliteration instead of simple obstruction	1	1	"	"
Inflammation of the cellular tissue of the cavity of the tympanum	1	1	"	"
	<u>55</u>	<u>"</u>	<u>"</u>	<u>"</u>

Thus, out of 300 cases, the instrument is eligible only in 55, and of this little proportion, only 28 were cured by it.

From this admirable table we may get at the true value of the air-press. Its applicability, as a curative agent, is limited to less than 1 in 10 of those cases which present themselves in the ordinary routine. Its range of utility, as a diagnostic agent, takes a wider sweep, but in this capacity it will include but 300—85, or 215 cases; and, as not more than 28 are curable by it, the ratio becomes something above 1 in 8 out of those cases in which its most strenuous advocates can reasonably expect relief. If insufflation was perfectly harmless, its trial in every case would not be so much objected to; but it is a dangerous remedy, requiring great discrimination when administered by means of the air-press. The air loses its latent heat in proportion to the degree of its condensation, and as it has to regain it when it resumes its former volume, the stream of air which issues from the reservoir acquires a great refrigerating power. "Now, the application of cold in any form acts injuriously on the ear, not only on the auditory nerve, but even on the membranous coats of the organ, where the vital heat and small supply of blood is quite unequal to resist the power of cold."—(Kramer.) I myself have witnessed several cases of dangerously protracted syncope, from merely syringing the ears with cold water; and the late instance of sudden death, alluded to in the former part of this paper, was undoubtedly produced by the long continued circulation of a stream of air, which had become highly refrigerating, in escaping from the air-press. The explanation is furnished by the relative anatomy of the region: the carotid canal is separated from the tympanum by a septum of bone, which is not thick enough to protect the vessel within it from the constringent effects of cold; the brain may in this way be suddenly deprived of its accustomed supply of arterial blood; the equilibrium between the cerebral substance and the fluids circulating within the skull is disturbed; and syncope, dangerous in proportion to the suddenness of the alteration, is the consequence. Hence the sickness, faintness; and other unpleasant symptoms which attend the operation, especially on susceptible invalids. Any one may prove in his own person that these observations are not chimerical, by a simple experiment; let him syringe his ears with cold water, and, however sceptical before, he will at once join with me in the hope, that another sacrifice of human life will not be required to teach a proper distrust of universal remedies.

One would almost conclude, from the many precautions interspersed in Kramer's work, that he must have met with untoward cases of this description. Thus, he enjoins that the whole force of the stream should not be turned on at once, but gradually, the operator attentively listening at the ear of the patient to ascertain when it reaches the tympanum. In some aggravated cases the air will not be found to enter that cavity for a considerable time; when it does, if the dulness of hearing depends on mucous obstruction, remarkable improvement is experienced immediately; if the case be not one amongst the few which can be thus benefited, the operator improves his diagnosis by noticing the particular anormal sound made by the circulating air. In either case the instrument should be laid aside, as it can be of no further use on that occasion; on the contrary, it may do harm by "exciting the ear."

Mucous engorgement is the only ailment remediable by the air-press; the relief depends on the re-establishment of the vibratile powers of the tympanic membranes. Distension of the tympanum is relieved by a partial discharge of the fluid; if the latter be thin, no material deafness is experienced, because it will find a ready outlet through the Eustachian tube. In all cases, whether recent or ancient, the douche should be used occasionally only, and general treatment resorted to. Under these circumstances is it exceeding the bounds of justice to include all those who profess to cure deafness by exclusive measures, air-press or no air-press, under the opprobrious epithet of quacks, especially as the principles of rational treatment are few, plain, and simple, and are easily deducible from a limited anatomical examination of the organ. Moreover, when such persons assert, in the face of the whole world, through the medium of pamphlet, book, or any other species of advertisement, that they can cure all complaints of this description, ought not such communications to be regarded as forming a part of that great system of imposture by which the public are every day misled, and prevented from seeking relief at the hands of those who really merit their confidence?

7, Lower Southampton street, Fitzroy square, August 21st, 1839.

For the American Medical Intelligencer.

LETTER FROM MR. VEZIN.

Dear Sir,—Dr. Moehring, a few days ago, handed me the number of the American Medical Library containing a notice of my brother's pamphlet on the itch. The author of it expresses surprise at the large proportion of cases of itch in the hospital of Osnabrück; and attributes to that circumstance the particular attention directed by the medical superintendent to the cheapest and most expeditious mode of curing this complaint. Permit me to correct what is a misapprehension of the case.

Osnabrück is a mere country town, of about eleven thousand inhabitants, with scarce any manufactures or floating population, and the itch is not a more common disease there, than in other parts of Germany. The hospital is a very small building, with limited accommodations, and was scarcely known out of the city, and its immediate environs, previous to my brother's being appointed physician to it.

But his successful application of the English method of curing the itch, as modified by him, was the cause that numbers afflicted with that malady resorted to it from various parts of Germany. That little hospital thus acquired a certain degree of celebrity; and my brother's pamphlet, which contains nothing but facts which are strictly true, has produced considerable sensation in Germany.

Respectfully, dear sir,

Your obedient servant,

CHARLES VEZIN.

September 18, 1839.

Robley Dunglison, Esq., M. D.

BIBLIOGRAPHICAL NOTICES.

*Hale on Typhoid Fever.*¹

The purport of this essay, like that of Dr. Jackson, which we noticed in the terms it so well merited in our last volume,² is to communicate the results

¹Observations on the Typhoid Fever of New England. Read at the Annual Meeting of the Massachusetts Medical Society, May 29, 1839. By Enoch Hale, M. D., Attending Physician to the Mass. General Hospital. 8vo. pp. 77. Boston, 1839.

²Page 206.

of the observations of the able author on the "specific disease" designated under the name of typhoid fever. Those results are confirmatory of the views now extensively embraced, both in Europe and this country, that there is a distinction, generally appreciable from the symptoms during life and the appearances on dissection, between the abdominal typhus or typhoid fever, and pure typhus or petechial fever. We have so frequently alluded, however, to this distinction, that it is unnecessary to dwell upon it here. Our restricted space will only permit of our extracting the following appropriate observations, which coincide in the main with our own views.

"We may, I think, now regard it as established, that the true typhoid fever is marked by rose spots on the abdomen, and the affection of Peyer's glands in the intestines. As diagnostic signs, therefore, these appearances are of the highest value; since they enable us, generally during life, and always after death, to ascertain with entire confidence, the character of the disease in which they are observed.

"The question next arises, What degree of importance shall be attached to them in a pathological point of view? What influence have these affections, or either of them, in producing or modifying the general symptoms of fever. In England, the affection of Peyer's glands is almost universally regarded merely as an accidental complication of fever, of no more consequence to its general character than inflammation of the lungs or the stomach. In France, on the contrary, especially by many of the pupils of Louis, it is considered as the chief cause of all the phenomena, without which they cannot be produced. I do not perceive that M. Louis himself has any where distinctly expressed this opinion. But the manner in which he uniformly speaks of the affection as the essential characteristic of typhoid fever, certainly countenances it. The truth doubtless, as in many other cases, lies between.

"That the affection is something more than an accidental occurrence, is apparent from the mere fact of its universal prevalence. This prevalence, indeed, has been denied by the English physicians; but, as I think we have sufficiently shown, a more full examination of their own diseases would prove that they are in error; and that the affection is found, whenever it is properly looked for, in true typhoid fever.

"On the other hand, it is not easy to believe that an inflammation in the ileum, of so small an extent as is often observed, should be capable of giving rise to all the variety of symptoms that are frequently seen in that fever. At a later stage, when the disease of the intestine has proceeded to ulceration, it is not difficult to account for its influence. In regard to perforation, there can be no doubt of its agency; and independently of that, there is much ground for the opinion suggested by Dr. Bright, that many of the leading symptoms are kept up by the irritation of the intestine, either directly or by its sympathetic effects. But ulceration rarely, if ever, is found before the twelfth day, while many of the most active symptoms of disease, headach, dizziness, general pain, &c., are often present at the very beginning. In a large proportion of cases, especially those in which there is no delirium, the general symptoms are on the decline, at the period when it should seem, from anatomical researches, that the affection of the glands is constantly advancing.

"These glands are also affected in other diseases; and, although those diseases have so little affinity with typhoid fever, that the fact of a kindred affection causes no embarrassment in diagnosis, we might reasonably expect to see some analogous effects in them, if its influence in this were so important as has been supposed. It is true, that in phthisis the appearance of the ulcerations is somewhat different, but the organ affected is the same, and the immediate consequence, diarrhœa, is often the same, and yet the symptoms that accompany it in the general system are most unlike. In the

affection of teething children, the case is still stronger, for both are acute diseases, and the course and appearances of the local derangement are perfectly similar.

"We are not, therefore, to regard the affection of Peyer's glands as the cause of the other symptoms of typhoid fever, but as an effect with them of some common cause, the true character of which remains still to be discovered. It will facilitate the investigation of that cause, to keep in mind a right view of what has been already done. If we prematurely imagine the whole question to be settled, we of course take away the inducements to further enquiry. It is much to have advanced so far, as to have obtained some fixed points, resting upon indisputable facts, that are not liable to be removed by any successive change of opinion. The influence will be highly important in all future pathological investigations, in respect to other diseases as well as to fever.

"The question remains, Of what avail is the knowledge of the disease of Peyer's glands, in the treatment of typhoid fever? It certainly does not bring us information of any sure method of cure. The local inflammation and ulceration are no more under our control, than are the other symptoms. This knowledge, however, does serve to explain many phenomena of the disease, and many effects of remedies which could not be so well understood before. It serves to guard us especially against inappropriate, irritating medicines, such as were formerly in use, in the expectation of arresting the progress of fever. So long ago as 1827, Dr. Bright said he had 'almost always found that the small doses of antimonial remedies usually administered as a part of the diaphoretic plan in fever, do harm, where any decided tendency to irritation of the bowels exists.' Up to a very recent period, if it be not so in some places even now, it was a common practice to give not only antimonials, but irritating cathartics, not occasionally to evacuate the intestines, but daily, and several times a day, to 'break up,' or arrest the progress of the disease, or to cure diarrhoea, by removing the supposed cause of irritation. Surely a knowledge that this cause was inflammation in the intestines, would do something to improve such treatment. It teaches, too, and enforces, the necessity of a mild and unstimulating diet, during a long convalescence, as well as during the more active period of the disease.

"But perhaps the most important practical lesson derived from this knowledge, consists in the caution which it imposes to abstain from attempting too much by active treatment. Inflammation, it is well known, after it has become established, must go through a certain process before it can terminate in health. If typhoid fever, therefore, be inseparably connected, as it assuredly is, with a process of this sort, so that the patient cannot be restored until that process is completed, it is apparent that violent, persevering efforts to arrest the disease, after it has fairly begun its course, cannot be successful. They may do much harm, by increasing the irritation and inflammation; but it is scarcely possible that they can do good. We may allay the general irritability of the system, we may watch against the attack of unfavourable symptoms, we may soothe the irritated state of the intestinal canal, and sometimes, perhaps, moderate the severity of its local inflammation; and thus contribute greatly both to the comfort and the restoration of our patient. In the beginning of disease, before the process of inflammation is fully established, we may, perhaps, do more, and by early removing the causes of irritation, prevent its formation, and cut short its course. It is only then that active remedies can be used with benefit, or even with safety. If persevered in at a later period, they may exhaust the patient, but they will not subdue his disease."—p. 76.

We may add one remark, by the way, on the *sudamina*, which by some have been esteemed to be intimately connected with typhoid fever. These spots occur late in the disease, and, as far as our own observation has gone, not until it is about to terminate, or has actually terminated, in health. Yet,

of nine subjects, who *died* of typhoid fever, Louis found them in six, or two thirds. They are, as Dr. Hale has said, of little importance in themselves, and generally—we agree with Bouillaud¹—are connected with the actual or antecedent existence of sweats (whence their name), and therefore observed in other diseases as well as in typhoid fever.

*Physic and Physicians.*²

Notwithstanding the numerous inaccuracies in these volumes, they are decidedly amusing. The author has collected a great amount of curious and interesting matter connected with the science and art of medicine, and its practisers. They consist of thirteen chapters, the nature of which may be judged by the captions:—1, Antiquity of physic, and defence of medical men; 2, Eccentric medical men; 3, Early struggles of eminent medical men; 4, Celebrated medical poets; 5, Sketches and illustrations of medical quackery; 6, How to get a practice, or the art of rising in physic; 7, Chronicles of Warwick Hall, and the medical and surgical luminaries of olden time; 8, Mad-doctors and mad-houses; 9, Literary and scientific medical men; 10, Medical emigration; 11, Army and navy surgeons, and East India Company's medical service; 12, Sketches of eminent living physicians,³ and 13, Sketches of eminent living surgeons.

We confess that a perusal of the work impresses us in the same manner as it has done the editor of a respectable English medical periodical.⁴

“It would be a difficult task, indeed, to weigh the merits of deceased practitioners in an accurate balance; to show how and why the impetuous Radcliffe and the sober Fothergill equally attained an eminence which the poetical Akenside and the grave Aiken were unable to reach. But if this task would be difficult when its objects were the illustrious dead, how delicate would it become when performed upon the living? Who could venture, unswayed by preference or dislike, to analyse the compound, success, and show how much of it was made up of genius, industry, birth, fortune, and manner? Yet the author of a book which has just made its appearance,⁵ solves the difficulty by the simple expedient of one continued puff; he describes more than thirty London physicians of immense merit; and we are threatened with the portraiture of several more on some future occasion, who are now happily excluded for want of room. His praises are dealt out with such undistinguishing liberality, that they pall upon the palate, and become no more complimentary than the ‘pretty creature’ of a parrot. Indeed, to praise with art is not quite so easy as might be imagined. Goldsmith says, ‘Though no people in the world flatter each other more than the English, I know none who understand the art less, and flatter with such little refinement. Their panegyric, like a Tartar feast, is, indeed, served up with profusion, but their cookery is insupportable. A client here shall dress up a fricassee for his patron, that shall offend an ordinary nose before it enters the room. A town shall send up their address to a great minister, which shall prove at once a satire on the minister and themselves.’⁶

¹ *La Lancette Française*, Juillet 22, 1837.

² *Physic and Physicians: a Medical Sketch Book*, exhibiting the public and private life of the Celebrated Medical Men of former days; with memoirs of eminent living London Physicians and Surgeons. In 2 vols. small 8vo. pp. 360, 393. Lond. 1839.

³ Amongst these we find the name of Faraday, who will be surprised to see himself classed with physicians!

⁴ *Lond. Med. Gazette*, July 13, 1839, p. 568.

⁵ *Physic and Physicians*.

⁶ *Citizen of the World*, letter 110.

"In order to improve this branch of science he proposes that we should copy some Eastern nations, and maintain professed flatterers. At certain Indian courts, he says, there is a *Karamatman*, whose business it is to cry, *Karamat!* 'A miracle!' whenever the king, from his smile and manner, is supposed to have said a good thing. It is clear, that this officer requires tact and discretion, as it is not every smile of the sovereign that demands the official exclamation. Now the author of 'Physic and Physicians' is a very bad *Karamatman*, and continually calls out miracle! in the wrong place. In talking of Sir Henry Hallford, for instance, he says, 'To be made a baronet—to have been for many years the chief court physician—to be for life president of the first medical corporation in the United Kingdom—are, indeed, honours rarely, in this country, conferred on any one single individual.' The plain fact is, that the president of the college is almost, as a matter of course, a court physician, and is as sure of being made a baronet as a judge is of being knighted. Neither is he president for life, being subjected to an annual election. And when he sets about belabouring Sir Henry's Essays with his praises, he certainly exemplifies Goldsmith's censure, and flatters with very little refinement. Who but this mistaken person would speak of the 'force and eloquence' in the president's paper 'on the Education and Conduct of a Physician?' Elegant good sense is the characteristic of this and the other papers; great vigour there is not, and at eloquence there is no attempt.

"Who but the compounder of 'Physic and Physicians' would talk so boldly of Sir J. Clark's 'unparalleled success in curing consumption;' who but he would say that before the publication of Sir James Clark's work on consumption, 'it was the generally received opinion in the profession, that *phthical* disease was the common sequence of inflammation'? For ourselves we should be disposed to rest Sir James Clark's fame as a professional writer rather on his work upon climate, than his treatise on consumption. The author just quoted, indeed, dismisses the book on climate in a line and a half; but he has such a wonderful knack at missing the best points, and expatiating on the wrong ones, that his brevity is a sort of confirmation of our opinion.

"Again, in discussing the life and talents of Dr. Richard Bright, he tells us of his education, matriculation, and graduation; of his sketch of the zoology and botany of Iceland, and of his geological papers; nay, like an unfortunate player at blindman's-buff, he actually touches the desired object, though he cannot catch hold of it; for he mentions Dr. Bright's 'admirable work on the Deranged Action of the Kidneys, as affecting the Cerebral Functions,' and his reports, which afford 'practical information upon most diseases, but especially upon those of the kidney and the nervous system.' But the great fact—the fact which has given Dr. Bright a European reputation—he misses. This fact (so well known that we are almost ashamed to mention it to our readers) is, his discovery of the connection between granulated disease of the kidney and dropsy with albuminous urine—a connection so frequent that the disease may be inferred from the secretion and the effusion. Dr. Bright has thus had his name conferred on a new disease, which is known on the continent as the *Maladie de Bright*, or *Morbus Brightianus*. Two lines stating this, or even alluding to it, would have been more to the purpose than the three pages dedicated to the biography of Dr. Richard Bright.

"But what shall we say to the nonsense our *Karamatman* talks about Dr. Chambers? Of his 'rising to the highest rank in his profession, although opposed by apparently insurmountable impediments;' of his coming to London 'apparently friendless,' and commencing his medical studies 'under most disadvantageous circumstances.' If he knew how to praise—if he were acquainted with the best known facts—he would have said of this distinguished physician, that though every thing has been in his favour—so

¹ There is no separate work on this subject by Dr. Bright.

that we have for many years heard him spoken of as one whose success was certain—yet has this been so great as to surpass the warmest hopes built on the most favourable auguries. Nor can we comprehend by what arithmetic the author makes out that the annual receipts of a physician whose 'house is daily beset by patients,' should only average 'nearly 4000*l*.' When detachments of the opulent sick besiege his doors, and his visits are limited only by his powers of physical endurance, we should conjecture that his fees must be considerably more numerous than ten and a fraction per day. Neither is it a whit more correct, notwithstanding what is said in 'Physic and Physicians,' that Dr. Chambers is either a lecturer on the practice of physic or examiner to the East India Company, inasmuch as he relinquished both offices some years ago.

"We shall probably return to this subject on an early occasion, and may also take some notice of what the author says concerning diseased practitioners. As he no longer thinks himself obliged to play Karamatman here, this part of his work is much superior to the sketches of living doctors, and will entertain the lovers of light reading. Yet how could he make so singular a mistake as the following one?—'Baillie (he tells us) was rejected at the college. He called the next day on Dr. Barrowby, who was one of the censors, and insisted upon his fighting him. Barrowby, who was a little puny man, declined it. "I am only a third censor," said he, "in point of age; you must first call out your own countryman, Sir Hans Sloane, our president; and when you have fought him and the two senior censors, then I shall be ready to meet you."—(Vol. ii. p. 42-3.) We have heard of duellists whose pistols were loaded with currant jelly; yet even such a combat would not be so safe as one between Baillie and the shade of Sir Hans Sloane—the latter having died nine years before Baillie was born. We need hardly add that Baillie was not plucked at the college, and that as he was a Scotsman, and Sir Hans Sloane an Irishman, they were not precisely countrymen. The compiler has evidently substituted Baillie for some other name; indeed we seem to have met with the story before, under better auspices. His *forte* is certainly rather in stringing anecdotes together, for the devotees of circulating libraries, than in the critical analysis of facts and characters."

*Hufeland's Introduction to the Practice of Medicine.*¹

As the title imports, this is a legacy of the fifty years' experience of Hufeland, one of the most distinguished of the modern practitioners of Germany. The volume embraces a wide extent, and a great number of different topics. After some preliminary observations on nature and art, diagnosis and therapeutics, the author proceeds to the consideration of diseases, which he classes in the following manner:—1, Acute fevers; 2, Intermittent and chronic fevers; 3, Inflammations and congestions; 4, Rheumatoses; 5, Gastroses; 6, Neuroses; 7, Consumptive diseases; 8, Collections of water and air; 9, Profluvia; 10, Obstructions; 11, Diseases of the skin; 12, Dyscrasies; and 13, Disorganisations, pseudo-organisations, and parasites.

After these come the diseases of women and children; with some interesting observations on the three cardinal remedial agencies—blood-letting, opium, and emetics. The volume concludes with remarks on the duties and responsibilities of the physician, and a number of medical formulæ.

The fact of the work being in its third edition, sufficiently indicates the estimation in which it is held in Germany.

¹ *Enchiridion Medicum oder Anleitung zur medicinischen Praxis, Vermächtniss einer fünfzigjährigen Erfahrung von C. W. Hufeland, königl. preuss. Staatsrath, Leibartz, und Professor der Universität. Berlin. Dritte Auflage. 8vo. pp. 589. Heri-
u, 1837.*

Dunglison on New Remedies.

Messrs. Lea and Blanchard will speedily publish an edition of the work on *New Remedies*, which is completed in the present number of the "Library."

MISCELLANEOUS NOTICES.

Lunatic Asylum at Hanwell, England.—*Dr. Conolly.*—This learned and skilful physician, whose attention has been largely directed to the subject of insanity, on which he has written a valuable work, has been appointed to the extensive charity in the county of Middlesex, which was previously under the medical management of Sir W. Ellis. Owing to this circumstance, it has been found inconvenient for Dr. Conolly to be associated in the editorship of the *British and Foreign Medical Review*, and accordingly the fifteenth number—for July last—appears under the sole, but competent, editorship of Dr. Forbes.

The pages of the *Journal* will still, however, be enriched by the contributions of Dr. Conolly.

University of Virginia.—*Dr. Griffith.*—Dr. Griffith has resigned his professorship in the University of Virginia. The cause, we regret to learn, is ill health. The situation is very eligible to any one who is competent to fulfil the responsible duties, and fond of literary leisure. The board of visitors will meet early this month to appoint a successor.

Cincinnati Medical College, and Louisville Medical Institute.—The former of these colleges, we learn, has been suspended. The latter has received into it Professor Drake, previously in the former. We learn, by a circular of the Louisville Medical Institute, that he has accepted the chair of Professor of Clinical Medicine and Pathological Anatomy—making the eighth chair in that institution.

Albany Medical College, and the Comitia Minora of the State.—From a recent number of the *Albany Evening Journal*, with which we have been favoured by an unknown correspondent, it would appear that the *Comitia Minora*, of the State Medical Society to which we have the honour to belong, have thought it their duty to notice the proceedings of the Thompsonians in relation to the Albany Medical College, on which we animadverted in a recent number of the *Intelligencer*.

The following is the circular which they have issued:—

“ALBANY, August 31, 1839.

“The *Comitia Minora* of the State Medical Society, whose duty it is to watch over the interests of the medical profession, during the recess of the society, deem the following proceedings of sufficient importance to deserve publication, in such a form as will make them generally known to the members of the profession, to the intent, that such steps may be taken, in time, by the state and county societies, as the honour and interest of the medical profession demand. It would seem, that a settled determination

exists, to level all distinctions in our profession, and to place the quack and the regular practitioner on the same footing. From circumstances that have come to our knowledge, we are fearful, that, unless suitable exertions are made, by the members of the regular profession, to counteract the proceedings of the *steam* practitioners and their friends, the next legislature will remove what little disabilities the latter at present labour under. The Comitia Minora will cheerfully aid in carrying out any measures calculated to elevate the character of the medical profession, and to preserve the line between it and *quackery* as broad and distinct as possible.

JON. EIGHTS,
JOEL A. WING,
P. VAN OLINDA."

To this are appended the transactions of the Thompsonians, which gave occasion to the circular.

We are not in the habit of replying to anonymous writers, but the following paragraph, in an article headed "Albany Medical College," in the journal in question, as it reflects upon others more than ourselves, it may be well to notice.

"When the resolutions, passed by the Thompsonians, appeared in the Albany Evening Journal, it was suggested that some explanation should be published; but, on reflection, it was concluded, that as the whole matter was sufficiently understood in this city (Albany), and there seemed no prospect of the resolutions being copied into other papers, it would be advisable to let it pass without notice. But herein the faculty counted too much on the forbearance of their professional brethren. The opportunity of injuring the college was too good to be allowed to pass unimproved, and accordingly some kind friend sent the Journal containing the resolutions, accompanied with what explanations we know not, to the editor of the American Medical Library, at Philadelphia, and procured their publication in that Journal."

We trust, for his own sake, that the grounds, on which the writer rests his charges against the Comitia Minora, and others, are more real than in the case of ourselves. The Journal was sent to us anonymously, without a word of comment, or any desire expressed that it should appear in the "Intelligencer." For the article in this Journal, we alone are responsible; and we can assure the friends of the Albany college, that the observations which we made were dictated by no desire to injure the college "at a distance." None of the remarks, indeed, that have been made upon their proceedings, are calculated to do them as much injury as the proceedings themselves, which have very naturally called for animadversion from those who are directly or indirectly concerned in promoting the best interests of the elevated profession to which they belong.

Provincial Medical and Surgical Association.—The last meeting of this flourishing society—with an account of which we have been favoured by Dr. Hastings, the founder and one of the secretaries—was numerously attended, and the proceedings passed off with much spirit and good feeling. Dr. Gibson, of the University of Pennsylvania, was presented to the meeting by our distinguished friend, Dr. Forbes; and, on Dr. Forbes's motion, seconded by Sir James Murray, was made an honorary corresponding member. The speech of Dr. Hastings, in proposing—at the dinner which followed—the healths of Dr. Gibson, and of Dr. Smith, of South Carolina, embodies international sentiments to which we cordially respond.

“The stars of the association,” he remarked, “never set; they shone in the east and the west. In America they had several stars of the first magnitude¹ (cheers); and he believed they would agree with him, that the scintillations of one of those stars had that morning been of no ordinary brightness (applause). The association had had the honour of enrolling amongst its members a respectable and scientific son of America—Professor Gibson, of Pennsylvania (applause). Metaphorically, the attraction of their planet had drawn him there amongst them. They had received him with pleasure and gratification, hoping that, on each returning anniversary, America would continue to send forth her sons to tell them what she was doing, and to exchange good offices with them (cheers). Thanks to the invention of steam, the difficulties of traveling hitherto existing between the two countries were obviated, and they had now become one, as respected every purpose of moral development and of medical science; and he (Dr. Hastings) therefore hoped, that as they had enrolled Professor Gibson as a member of their association, they might reasonably expect the pleasure of seeing him at every annual meeting, to be enlivened by his eloquent orations, and stimulated by his example.”

Dr. Gibson replied in an appropriate address.

Columbian College, Washington, D. C.—The medical department of this institution, which has been suspended for some time, is re-organised. The professors are—Dr. Thomas Sewall, on Pathology and Practice of Medicine; Dr. Thomas P. Jones, on Chemistry and Pharmacy; Dr. Harvey Lindsly, on Obstetrics and the Diseases of Women and Children; Dr. Thomas Miller, on the Principles and Practice of Surgery; Dr. John M. Thomas, on *Materia Medica* and Therapeutics; and Dr. J. F. May, on Anatomy and Physiology.

State Lunatic Asylum for the Insane Poor.—The governor has not yet put his signature to the bill for establishing this useful institution. In a letter, which we have just received from Dr. Carpenter, of Bristol, England—the able author of the treatise on Comparative Physiology, to which we have already referred in the pages of this journal, he thus speaks of the project in acknowledging the receipt of one of the Appeals to the People of Pennsylvania on the subject.

“I am much obliged to you for the interesting pamphlet you were kind enough to transmit to me on the subject of the establishment of a lunatic asylum in the state of Pennsylvania. I cannot help feeling surprised that such a measure has not been adopted long since, considering the prevalence of mental disease in your country, and the spirit with which undertakings for the public benefit are there supported. I had occasion recently to pay a visit to my friend Dr. Conolly, who is now physician to the Middlesex County Asylum at Hanwell, and was extremely pleased with the establishment. It now contains above 800 patients; and out of these not above two or three were under continued personal restraint of the slightest kind. The worst feature in the system here pursued, however, is the want of power to treat the disease in a *recent* stage. Most of the cases admitted have been for some time in the parish poor-houses, and generally much mismanaged;

¹The honorary corresponding members of the association, in America, are Professors Warren, of Boston, Gibson, and the editor.—Ed.

since the enlargement of the institution, however, some really recent cases have been taken in; and the success which attends the treatment of these is not inferior to that which is met with in the Massachusetts Asylum, the reports of which my friend Dr. Tuckerman, of Boston, has been kind enough to transmit to me.

Bristol, Aug. 24, 1839.

¹*Rupture of the Aorta.*²—Thomas Cooper, a private in the Blues, forty years old, had been very unwell for the last four months; he complained of pain in the chest and shortness of breath, and had a little cough. Two days before his death he went to the regimental hospital, and took an emetic, as he informed Mrs. Horner, a witness at the inquest. On Saturday morning, Aug. 3d, he went to Mrs. Horner, in the store-room of the barracks. He had been pipeclaying his trousers, and Mrs. H. asked him to clean a few knives for her. He said that he would. He spoke as cheerful as ever. Witness left him in the room; in six or seven minutes afterwards he came running into witness' room very quickly, put up his hands, and said, "I must go to the hospital, I have broke—" he had not power to say what. The witness saw no blood about him then. He turned round and ran down the passage. Witness overtook him at the bottom of the stairs. He seemed in great pain, and began to vomit blood in large quantity—a full spout from his mouth. Witness with difficulty supported him, and called a soldier, who tried to lead him to the hospital, but the deceased sank on his knees, and died in three minutes, in the open air.

Post-mortem examination, by the surgeon of the regiment.—In the descending aorta were several atheromatous deposits, with softening of the coats of the vessel. In one of these patches, exactly opposite the left branch of the trachea, rupture had taken place into the trachea, the opening of communication being large enough to admit the little finger. There was no dilatation of the vessel. The heart was altogether very large, the left ventricle particularly so, being much dilated, and its walls thickened. The other organs were generally healthy.

*Lithotriety.*³—M. Sanson, of the Hôtel Dieu, has recently undergone the operation of lithotriety with the happiest result. During the whole period of treatment M. Sanson was not compelled to forego his consultations for a single day.

BOOKS RECEIVED.

From the Author.—Prize Thesis—Inaugural Dissertation on the Physiological Inferences to be deduced from the structure of the Nervous System in the Invertebrated Classes of Animals. Submitted to the Medical Faculty of the University of Edinburg, in conformity with the rules for graduation, by authority of the very Rev. Principal Baird, and with the sanction of the Senatus Academicus. By William B. Carpenter, M. R. C. S., late President of the Royal Medical and Physical Societies of Edinburgh, &c. and Candidate for the degree of Doctor of Medicine. 8vo. pp. 83, two lithographs. Edinb. 1839.

Catalogue of the Officers and Students of the Medical Institute of the City of Louisville, Jan. 1, 1839. (The catalogue—to which we have before referred—is again circulated to announce the appointment of Professor Drake.)

¹ London Lancet, Aug. 31, 1839, p. 833.

² Inquest held on August 6th, 1839, at the Canteen, Regent's park barracks.

³ London Lancet, Aug. 24, 1839, p. 816.

AMERICAN MEDICAL INTELLIGENCER.

Vol. III.

October 15, 1839.

No. 14.

For the American Medical Intelligencer.

ART. I.—CASE OF POISONING BY ERGOT.

Philadelphia Hospital (Blockley), Sept. 27th, 1839.

Dear sir,—The following letter and communication from Dr. John Beckwith, of Raleigh, N. C., upon the narcotic and poisonous properties of ergot, was received a few days since. Dr. Beckwith is one of the most distinguished physicians in the state. Should you deem this additional information to the experiments made by Dr. Cottman and myself to determine its sedative influence worthy of attention, you are at liberty to make use of it as you may think proper.

Very respectfully,
W. H. MCKEE.

To Professor Dunglison, M. D.

Raleigh, Sept. 21, 1839.

W. H. McKee, M. D.

My dear sir,—In the number of Dunglison's Medical Intelligencer for Sept. 2d, I observe some experiments made by you, at the request of Dr. D., with the view to determine the narcotic properties of ergot. If you think the subjoined case will in any degree aid your enquiries, it is at your service.

With much respect, your friend,
JOHN BECKWITH.

Mrs. —, a lady of our acquaintance in this city, aged 30, enjoying excellent general health, was taken in her fifth labour on the 8th of August last, and was induced to take thirty grains of ergot, a short time before the termination of a natural and easy parturition, for the purpose of restraining a real or supposed tendency to hemorrhage, after the expulsion of the placenta. Nothing remarkable occurred, and all went on very well till the lapse of an hour, when she began to complain of nausea and palpitation at the heart, and presently of dimness and confusion of sight. Vomiting was encouraged, and she threw up most of the ergot; the effect, however, continued and increased. The pulse, usually about 80, sank to about 40, with frequent intermission, and so continued through the night, (the article was taken at eight in the evening,) double vision soon followed, and then entire blindness. In two hours more delirium came on, succeeded by heavy sleep and snoring. She could be roused, not to consciousness, but to low muttering wanderings; temperature of the skin low, with free perspiration. Nearly this state of things continued till 8 o'clock next morning, when the hands, feet, ears, and nose, became purple, and much of the surface assumed a mottled aspect; then came on strong and general convulsions. When they subsided, her colour slowly returned, and from that time all the symp-

toms of poisoning gradually disappeared, and by evening she was decidedly out of danger. Through the day she complained much of soreness and tightness about the throat, and the tongue was a good deal swollen.

The memory was tardily recovered; almost every incident connected with her labour, even the birth of her child, was entirely forgotten. Throughout the past night, there was an extraordinary secretion of urine.

Beside vomiting, no remedies were employed, except vol. alkali, and strong counter-irritation; and subsequently a dose of castor oil. Her recovery is perfect.

I believe I have given all the circumstances of the case essential to your object, and leave the conclusions to be drawn from them to Dr. Dunglison and yourself.

ART. II.—PROCEEDINGS OF THE MEDICAL SECTION OF THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

[We copy the following proceedings from the London Athenæum of August 31, 1839. The meeting of the Association was held at Birmingham on the 24th of August. It was not so numerously attended,—owing mainly, if not wholly, to political causes.—*Ed.*]

SECTION E.—MEDICAL SCIENCE.

President.—DR. YELLOLY.

Vice Presidents.—DR. JOHNSTONE, DR. ROGET, DR. MACARTNEY.

Secretaries.—DR. G. O. REES, MR. F. RYLAND.

Committee.—Drs. Blakiston, Booth, G. Bird, Mr. W. S. Cox, Drs. Evans, Foville, B. Fletcher, Hastings, T. Hodgkin, Mr. J. Hodgson, Drs. J. Johnstone, Pritchard, Mr. J. Russel, Drs. R. S. Sargent, Vose, Mr. R. Wood, Dr. Wale.

After an introductory address from the president, one of the secretaries read a paper, communicated by Sir David Dickson, containing "Abstracts of a remarkable case of *Rupture of the Duodenum*, and of some other interesting cases."

R. H. was admitted into hospital on March 3d, at three o'clock P. M., and died before midnight. The symptoms were, severe pain in the region of the cæcum and ascending colon; hurried, restless manner; pale, haggard, and anxious countenance; short, hurried respiration; pulse weak, quick, and irregular. Depletion, followed by aperients, had been resorted to, without relief; leeching, fomentation, and warm purgatives, were resorted to without any relief, and, at half-past eleven, he sank. It was ascertained that he had been fighting and wrestling three days before, when he was thrown with violence on the breach of a gun. Post mortem examination discovered the following lesions:—The stomach, bowels, and abdominal cavity were filled with gas, the descending colon was much contracted; a quantity of ingesta had escaped from four perforations in the duodenum, the mucous and muscular coats of this gut were pellucid and attenuated, as having undergone ramollissement and absorption, in consequence of which the peritoneal coat seemed to have given way, from distention or mechanical violence; the other viscera seemed generally healthy. It is known that sudden death frequently follows violent feats of tumbling and horsemanship, and, if examination were made, probably similar lesions would be found, or might exist without being detected, from the examination not being sufficiently minute; and thus this cause of death may more frequently occur than is generally supposed.

The next case detailed was one of *Neus*, with enormous distention of the

cæcum, which occupied the situation of the transverse colon. The usual symptoms of ileus were present—viz. obstinate constipation, stercoraceous vomiting, and singultus. The ileo-cæcal valve was much diseased, being thickened, and as hard as cartilage. The cæcum, which was forced upwards, had a black and sphacelated appearance, and was enormously distended. A strong membranous band, the product of previous inflammation, extended across the ileum, and firmly connected it with the meso-colon.

Another case was one of *intermittent coma* from diseased brain. This case was remarkable for the alternations of coma and excitement. The *post mortem* examination showed the arachnoid membrane to be opaque, and to be raised up from the brain by a gelatinous deposit. A considerable bloody effusion was found at the base of the brain, proceeding from the rupture of a true aneurism of the anterior artery of the cerebellum, near its junction with the basilar artery. The coats of the artery exhibited distinct ossific deposits: the cerebellum, on the left side, was wasted and softened in structure, and of the appearance of curdy pus. The aorta was found extensively invaded with ossific degeneration; scales of bone as large as a sixpence being separable from it, and its elasticity much impaired. Other cases of coma were detailed, in which depositions of a cartilaginous and tubercular nature were found in different parts of the brain. In a case of phthisis, the *foramen ovale* was found open; cyanosis did not exist; and the patient, a pensioner, had completed his due period of servitude, and had risen to the rank of sergeant, without suffering any inconvenience from the free communication between the right and left sides of the heart.

The next case was one of *Phlegmonous Erysipelas*, occupying the arm and thoracic muscles of the left side, and remarkable for its extreme rapidity. Two cases of severe abdominal disease were also detailed. In the last was observed an extensive deposit of semi-cartilaginous firmness, occupying the subserous cellular tissue; the calibre of the descending colon was so contracted, that, when cut across, it appeared as if encircled by a ring of "a dull white, yet glistening fish-like substance," fibriform, and from half an inch to upwards of an inch in thickness.

Mr. Middlemore read a brief notice of the methods that have been used for the removal of *capsular cataract*, where the opaque capsule remains after absorption of the lens, for the purpose of introducing to the Section an instrument to facilitate the operation of extraction, without interfering with the transparent structures of the eye. The instrument consisted of a needle, accompanied by a small forceps, the former capable of being withdrawn, leaving the latter to be fixed on the opaque membrane, and then withdrawn through the sclerotic, through which the needle had been introduced.

In answer to a question from Professor Macartney, Mr. Middlemore stated that he had not yet practically proved the efficiency of the instrument.

Mr. Middlemore detailed a case in which the *operation for artificial pupil* was performed with success, and presented the patient to the Section for examination. About three years ago much injury was done to the face from an explosion of gunpowder. After recovery of the other parts, the eyes were found to be in the following condition: the right was completely collapsed, the left was staphylomatous, the lens adhering to the staphyloma, but transparent; the lower half of the cornea was opaque, the upper half transparent, but vision destroyed, from the closed iris being opposite to the transparent portion of the cornea. The first effort was to remove the staphyloma, which was done by repeated puncturing of it with a fine needle. When the process of removal was so far completed as to permit the operation for artificial pupil, the iris was drawn through a small section of the cornea: it bled freely; but on the subsidence of the hemorrhage and irritation, a sufficient and well-defined opening was found in the iris opposite the transparent portion of the cornea. The external portion of the iris was allowed to remain strangulated by the incision. The patient has already in

a great degree recovered his sight, so as even to distinguish large print. He is still under treatment.

Dr. Foville (of Paris) presented a paper detailing the results of his researches on the *Anatomy of the Brain*. He commenced by urging the advantages of examining the structure of the brain by manual separation rather than by section, and gave credit to Willis, as being the first advocate of this method. He showed that the spinal marrow consists of two lateral portions, united by two commissures, between which, on the median line, there exists a double layer of white matter, analogous to the ventricle of the septum lucidum. He pointed out a remarkable difference of structure in the lateral parts of the spinal marrow, between the roots of the nerves, which is rendered most evident by maceration in water, after previous maceration in spirit. He next described the medulla oblongata. Tracing the crura cerebri to the brain, he showed them to consist of two parts,—the one going to the thalamus opticus, the other to the corpus striatum, where they constitute the white matter,—passing through the middle of those bodies, at the upper and outer limits of which they divide into three layers,—the superior passing upwards and inwards, meets its fellows on the median line, and forms the corpus callosum; the second, or middle, is expanded in the hemispheres, which it constitutes, by lining the cineritious matter of the convolutions; the third, or inferior, and by far the smallest layer, passes to the outer side of the thalamus and corpus striatum, meets its fellow inferiorly, and, ascending with it, forms the septum lucidum. In addition to these facts, he stated his more recent discovery, of several nearly circular systems of white fibres connecting the expansions of the superior part of the crus cerebri, which, from their connection with the olfactory and optic nerves, and also with the posterior part of the spinal marrow, appear to be essentially devoted to sensation. He also stated his fully confirmed observations, that the pathological affections of the thalamus influence the movements of the opposite side of the body, as those of the corpus striatum do those of the lower extremity. He noticed a similar connection between the lesions of the cornu ammonis and the motions of the tongue. He combated the idea, that the frontal, parietal, and occipital protuberances, are dependent on special development of the corresponding parts of the brain, but are rather to be attributed to the distention of corresponding parts of the ventricles. After the reading of the paper, Dr. Foville demonstrated the leading facts alluded to, on the recent brain.

Prof. Macartney said, that his own researches confirmed those connections of the fibres of the brain pointed out by Dr. Foville; but that a more extensive and minute connection between the different portions could be traced than those now demonstrated. He also stated, that the roots of the spinal nerves, by a beautiful plexus or net-work prolonged on the spinal column, formed its outer wall, and communicated with those spinal nerves above and below. Dr. Foville was aware of those more minute communications alluded to; but on the present occasion he did not attempt to give a complete exposition of the nervous system, as being unsuitable, from its great extent. Dr. Evans stated, that having seen Dr. Foville's pathological statements, as derived from his anatomical investigations in the "Dictionnaire de Médecine," he had minutely examined the cases reported by Lallemand, Rostan, and Andral, and found them to corroborate those views in almost every instance.

Prof. Macartney read a paper. *On the Means of Repressing Hemorrhage from Arteries*. He stated that the barbarities practised by the older surgeons, such as burning and searing, instead of the ligature, proceeded from the adoption of the false theory, that a certain amount of inflammation was necessary to the healing process, and, although modern surgeons are easier satisfied, the theory has been preserved; the continental surgeons, however, insisting on a greater degree of inflammation than the British. Even the ordinary ligature, he observed, has been known to fail, from the injury and

consequent inflammation inflicted by it; to obviate this he was induced to try the effects of metallic ligatures, from observing that such substances frequently remained in the body without exciting any uneasiness. On applying ligatures of leaden wire to the arteries of dogs, he found, after death, that they remained *in situ*, without surrounding inflammation, or were removed by interstitial absorption, the arteries being impervious. The same results were observed when the experiment was made on the jugular veins of the rabbit. An improvement was made by Dr. Weiss on the leaden ligature, by substituting soft metal wire, capable of being knotted. He next alluded to the well-known fact of the closure of arteries in lacerated wounds; this he attributed to the rupture of the elastic coat and the elongation of the outer or cellular, so as to present merely a minute orifice, which was closed by coagulated blood, and not by the retraction of the artery, as Mr. Abernethy had supposed. In the treatment of stumps, he thought it a matter of doubt, what arteries must necessarily be tied, when the powers which nature possesses to repress hemorrhage be considered, and the cut surfaces be treated as an open wound, with cold applications. He related a case communicated to him lately by Mr. Darley, near Bray, in Ireland, in which, after amputation of the hand of a child, the stump was dressed with lint, kept wet with cold water, and *no ligature was applied or required*. This the professor deemed to be the first case on record, in which amputation was performed without the application of a ligature; he related another case, of severe wound of the thigh, in which the femoral artery was opened, and after some delay was tied, yet hemorrhage to a considerable amount recurred; nevertheless, by keeping the wound exposed, and cold (in the form of ice) applied, the bleeding was repressed, and the closure of the wound proceeded to a favourable termination.

Prof. Gibson, of Philadelphia, stated, that twenty-five years ago, Dr. Physic had introduced ligatures of leaden wire, influenced by the same considerations as Dr. Macartney. This he wished to state, not as detracting from the merit or originality of the learned professor's views, but as corroborating them. Mr. Hodgson agreed with Dr. Macartney, that inflammation was not necessary to the reparation of injuries, but he did not think that what Dr. Macartney called the modeling process, was the usual means nature adopted for the closing of arteries; but contraction. He thought metallic ligatures might prove injurious, from causing ulceration and sloughing of arteries in their progress through the body. He also objected to soluble ligatures, such as catgut, as liable to premature softening. Silk ligatures he thought injurious from their too long detention on the artery. Hemp, as in common twine, he deemed the best. He agreed with Dr. Macartney that the exposure of an artery promoted its contraction, but thought it might prove a dangerous experiment; experiments on healthy animals might lead to inferences not to be applied without danger to seemingly analogous cases of invalid patients. Prof. Macartney explained, that he did not advocate the metallic ligature in all cases. Dr. Wickenden detailed a case strongly supporting Dr. Macartney's opinions, as he thought. It was one in which amputation was performed on a patient, whose arteries were extensively ossified: attempts to fix ligatures repeatedly failed, yet by attending to the elevation of the stump, and the application of cold, serious hemorrhage was prevented.

Dr. Blakiston read a paper "*On the Sounds produced in Respiration, and on the Voice.*" He commenced by showing that the respiratory sound, coarse and intense when heard in the trachea, became weaker and softer as it approached the periphery of the chest, at which point the sound, during expiration, had almost totally disappeared. The air, in passing along the trachea and bronchial tubes, would meet with solid obstacles, and therefore be thrown into sonorous vibrations at every alteration of direction. The divergence of sound caused by the great subdivisions of those tubes, and the constant diminution in their calibre, would necessarily tend to soften and

weaken the respiratory sounds from the trachea towards the air vesicles. But the sounds produced by inspiration were carried up to the ear, placed on the chest, by the current of air during that act; while that produced by expiration was carried quite in a contrary direction: hence the difference in intensity. It was next shown, that bronchial respiration, occasioned by solidification of a portion of the lung, did not take place in the tubes leading solely to that portion, as had been supposed by Andral and Laennec, but that it took place in tubes leading to healthy expansible vesicles; and the ear being brought into contact with these tubes, perceived the coarse sound of the air passing and repassing in them. It was contended that no sensible part of the sound of vesicular respiration was produced in or around the vesicles, or by the rubbing of the pleura, otherwise it would be heard in expiration; nor in the mouth or fauces, otherwise stertorous breathing would increase its intensity, which it never does. The voice being an instrument of the membranous reed kind, Dr. Blackiston detailed a number of experiments which he had made with different kinds of pipes on the wind-chest of an organ, which led him to conclude that the quality of tone of wind instruments became uniformly more coarse and buzzing in proportion to the strength of the blast, and the thickness and elasticity of their sides; in other words, in proportion as the instrument itself entered into strong vibration. Some instances of the manner in which interference and jarring was produced between those solid vibrations of the instrument and those of the air contained in it, were then given. It was shown that both kinds of vibration were concerned in the formation of the voice; hence, when heard over the larynx, it was found to be coarse and intense; in proportion, however, as these vibrations traveled downwards towards the air vesicles, they were deadened, the aerial waves by the opposing current of expiration, and the solid ones, by the increasing mass of the non-homogeneous mass of the lungs; and at their periphery, no resonance of the voice could be detected. When, however, a portion of the lung became solidified, the current of expiration leading from it was stopped, and the spongy lung was transformed into a more homogeneous, and, therefore, a better conducting substance; hence the voice resounded strongly, and its quality became sometimes so coarse as to produce a tingling sensation in the ear.

For the *American Medical Intelligencer*.

ART. I.—PHILADELPHIA HOSPITAL, (BLOCKLEY.)

DR. DUNGLISON, ATTENDING PHYSICIAN.

Case of Pleuropneumonia, followed by extensive Gangrene of both Lungs.
Reported by JOSEPH B. COTTMAN, M. D., Resident Physician.

Patrick Denny, æt. 38, labourer, born in Ireland, has been in this country thirteen years; parents always healthy; no hereditary disease in his family; intemperate; has always enjoyed good health until about seven years ago, when he had an attack of intermittent fever; got well in about nine months, and remained healthy until the 1st of April, 1839, when he was taken with cough; had no pain in the chest; became very weak in a short time, and was compelled to give up labour; had been at work for six or eight months in a tunnel; was often wet all day, and frequently, during the winter, his shirt would freeze to his back. Applied to a doctor, who gave him something that made him very sick; gradually grew worse until June the 11th, when he was admitted into the hospital labouring under bronchitis; entered Men's Medical Ward, No. 2; was there treated until the 2d of July, when he was discharged cured of his affection; there still remained some cough; a slight dulness on percussion under the right clavicle; and a difference in

the respiration of the two sides of the chest; went out on the farm to work, and caught cold; was again admitted into the hospital, August 11th, and entered Men's Medical Ward, No. 3.

State.—Emaciated; face flushed; general appearance very much attenuated since he left the hospital; respiration laboured; cough troublesome; complains of no pain; skin hot and dry; pulse 100, weak and feeble.

Chest.—An elevation as large as a goose's egg where the fifth and sixth cartilages on the right side join the ribs; can give no satisfactory account of the cause of it.

Percussion anteriorly, on the right side, flat in the upper portion; clear in the middle; dull in the lower. Anteriorly, on the left side, flat throughout.

Respiration, anteriorly, on the right side, bronchial in the upper portion; vesicular in the middle; feebly vesicular in the lower. Anteriorly, on the left side, rude at the summit; feebly vesicular throughout the remainder.

Posteriorly—The physical signs correspond to those anteriorly, except that the respiration at the summit of the left lung is heard more distinctly than anteriorly.

Impulse of heart greater than natural.

Prescription.—Applicentur cucurbitulæ cruentæ iv. pectori. Capiat misturæ pectoralis, ℥ss. secundâ quâque horâ. Farinaceous diet and ice internally.

12th. Fever still continues; skin hot and dry; thirst very great; respiration much oppressed.

Cucurbitulæ cruentæ iv. pectori.

14th. Respiration easier; face flushed; skin hot and dry; pulse 120, quick and feeble.

10th. Emaciation has advanced since last note; cough pretty troublesome; expectoration very abundant and excessively fetid, mostly mucus; face pale; skin cold and moist; very weak; respiration oppressed.

℞. Chlorid calcis, grs. iv. tertiâ quâque horâ. Applicentur cucurbitulæ siccæ pectori; continuetur mistura pectoralis, et habeat vini uncias quatuor in die.

19th. Very much emaciated; has been vomiting frequently since last note; cannot retain any thing on his stomach; expectoration about two pints in the twenty-four hours; breath of a gangrenous odour, and so unpleasant that it is loathsome to examine the chest.

Continuentur medicamina.

21st. Patient is evidently sinking fast; and the odour exhaled by him so disagreeable that no one can go near him.

Died on the morning of the 22d August.

Necroscopy seventeen hours after death.—Exterior: very much emaciated; a prominence where the fifth and sixth cartilages on the right side join the ribs. On opening the chest no particular lesion was found corresponding to the prominence; the pleura pulmonalis was adherent throughout to the pleura costalis. On the left side the adhesions could not be separated until the lung was removed from the chest; on the right side, the pleuræ were adherent about half way up from the base of the lung, the remainder bound together by bands of lymph.

One third of the upper lobe of the right lung was slightly emphysematous; a few miliary tubercles were scattered through it; the remainder was of a purple or greenish tint externally; when cut into, the tissue was softened, engorged with bloody serum, and presented numerous cavities of different sizes, some as large as a ten-cent piece, filled with a purulent matter, and very fetid. Some of these cavities were lined by a distinct false membrane, others were proceeding to ulceration; many of the smaller cavities appeared to be not distinct cavities, but merely distended vesicles, filled, however, with a matter similar to that contained in the larger: the middle and lower

lobes exhibited the same appearance; the bronchial tubes, on the right side, were very much enlarged, twice the natural size,—the larger of a pale pink colour, the smaller of a deep red, terminating in a distinct *cul-de-sac*. The bronchial glands were enlarged; colour natural; consistence soft.

The summit of the upper lobe of the left lung was emphysematous; the remainder healthy, except in a few spots at the lower portion, where gangrene had commenced, and the lung presented the same appearance as already described. The middle and lower lobes were in the same state as on the right side; the bronchial tubes were enlarged, their lining membrane slightly roughened, and of a rose-coloured tint; the bronchial glands were enlarged.

Heart natural size; posterior wall of left ventricle covered, in four distinct places, with patches of lymph.

Liver enlarged; one third above its natural size; tissue hardened; acini larger than natural.

Stomach: lining membrane very much injected throughout, particularly towards the pyloric orifice; intestines not examined.

J. B. COTTMAN.

ART. IV.—CLINICAL OBSERVATIONS ON THE USE OF THE AIR-DOUCHE IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR.

BY T. WHARTON JONES, ESQ.¹

(Continued from page 198.)

[Some interesting cases of deafness, relieved by injections of water through the Eustachian tube, have been recently published by Dr. John Dix, of Boston. See Boston Medical Journal, Sept. 25, 1839, p. 105.—*Ed.*]

No. II.

In the case above related, the increase of the hearing power manifested from day to day was a warranty to persevere in the same treatment until improvement should, under its influence, go no further, or until the cure should be complete. The result was that the hearing rose to the common natural standard; the means of diagnosis becoming at the same time the means of cure. In the following case, the treatment by the air-douche was persevered in until the hearing on one side was raised to the natural standard, and on the other improvement would go no further.

CASE II.—Some affection of the auditory passages—Opacity of the left membrana tympani—Clogged state of the tympanic cavities from accumulated mucus—Eustachian tubes pervious.

Master C. D., betwixt 12 and 13 years of age, was brought to me by his mother, in the beginning of March, 1838, who stated her son had just been sent from school, being no longer able to go through his exercises on account of increasing deafness. The deafness, I was informed, had been first observed to come on after the measles, about four or five years ago. Is subject to catarrhal attacks in the nose and throat; has been under treatment without advantage.

The young gentleman could hear my watch with both ears at a distance only of an inch and a half. Thick lips; the nose broad at its root, and the state called epicanthus, i. e. folds of skin extending from the sides of the

¹ Lond. Med. Gaz. Aug 10, 1839, p. 717.

root of the nose over the inner canthi; together with an habitually loaded tongue and enlarged tonsils, were points in the constitution of the patient worthy of being noted.

On examining the auditory passages, I found them not stopped up, but scales of unhealthy wax adhering to the walls, and projecting into their interior, so as to prevent my obtaining a view of either membrana tympani.

Prescription.—Auditory passages directed to be syringed out every second night, and a solution of the acetate of lead (gr. iij. to ℥j) to be poured in two or three times a day.

Mrs. C. D. being anxious that her son should not be kept from his studies, especially as it was now so near the Easter holidays, when he would of course be at home for some time, he was allowed to return to school with the above prescription. Under its use the hearing improved so far that the scholastic exercises were gone through without marked impediment, which induced the master to write home, saying his pupil's hearing was restored.

Thursday, 12th April.—Has just returned from school to remain at home during the Easter holidays.

On examining the auditory passages I found them free; but at one or two places there was a small scab. The membrana tympani of the right side was pretty natural—perhaps only a little red. The membrana tympani of the left side was quite opaque, and presented large dark-coloured varicose vessels streaming through its substance. It was still sensible to the touch of a probe.

Saturday, 14th.—The hearing distance is now eight inches on the left side, and five inches on the right.

Introduced a catheter into the Eustachian tube of the right side, and blowing simply with the mouth, found it admitted the air. The hearing distance was immediately raised to seven or eight inches. The Eustachian tube of the left side impervious to a stream of air blown from the mouth.

Monday, 16th.—In consultation with Sir James Clark. Having stated the results of my examinations of the case, and that I believed there existed an accumulation of mucus in the tympana, which would require the employment of the air-douche to disperse, it was resolved, before having recourse to that, to exhibit some general remedies calculated to improve the state of the mucous membranes. The throat and tonsils being red and swollen, but not affected with any acute inflammation, were ordered to be penciled daily with a solution of lunar caustic.

Friday, 20th.—Hearing distance on right side nine inches; on left side eight inches.

Sunday, 22d.—Throat improving.

Monday, 23d.—Hearing distance on right side one foot and a half; on left side eleven inches and a half.

On another day in the course of this week the hearing distance had, on the left side, risen to one foot one inch and a half; but on the right side fallen as low as three inches and a half.

Saturday, 28th.—Hearing distance on both sides eleven inches and a half. To leave for school on Monday.

Saturday, 23d June.—Returned from school for the midsummer holidays. Hearing distance of the right ear about six or seven inches; of the left about twelve or thirteen inches.

Has had since last report, while at school, several attacks of ear-ache in the right ear.

Prescription.—To rub tartar emetic ointment behind this ear.

Monday, 2d July.—Hearing distance of the right ear about one foot; of the left ear fourteen or fifteen inches.

Friday, 6th.—Sent in a stream of air, by means of the air-press, through a catheter introduced into the right Eustachian tube, whereupon the hearing distance was raised to one foot eleven inches. Threw in a stream of air on

the left side, also, after which the hearing distance was increased to one foot eight inches and a half.

During these applications of the air-douche, I found that, on the left side, the air penetrated less freely, and with more gurgling, than on the right side.

The good result of the first essay with the air-douche in this case confirmed the diagnosis I had ventured to draw from my previous observations, especially from the examination made by blowing air through the catheter with the mouth simply, and emboldened me to pronounce a favourable prognosis, qualified only by this—that, considering the extent to which the left ear had suffered from inflammation, as indicated by the opaque and thickened state of the membrana tympani, it was not likely to be so much improved as the right, in which no marked organic change could be detected. This prognosis, though verified by the event, had like to have been contradicted by the unfavourable turn the case took during the three following days.

Saturday, 7th.—Had an attack of ear-ache in the right ear this morning, in consequence of which the hearing distance has fallen to fourteen inches. The left ear, however, has still further improved, viz. to two feet and a half.

Sunday, 8th.—Ordered to-day six or eight leeches, to be applied around the right ear; and the tartar emetic ointment, as prescribed on the 23d June, to be continued. Sweet oil to be dropped into the ear, which is to be syringed with lukewarm water at bed-time.

Monday, 9th.—The leeches have been applied, and the cheek is swollen in consequence. No return of ear-ache, but the hearing distance has fallen on the right side to three inches, and on the left side to eight inches.

Monday, 9th.—The leeches have been applied, and the cheek is swollen in consequence. No return of ear-ache, but the hearing distance has fallen on the right side to three inches, and on the left side to eight inches.

Introduced a catheter into the Eustachian tube of the left side without causing any pain, and applied the air-douche. The air entered with a rushing sound at first, and on increasing the force of the stream, with a gurgling sound. After this, the hearing distance was, on the left side, ten inches.

Friday, 13th.—No longer any tenderness of the ear. Hearing distance on the right side, fourteen inches; on the left side, one foot nine inches.

Applied the air-douche to the right ear, after which the hearing distance was raised to two feet.

Monday, 16th.—Right ear, two feet and a half; left ear, two feet.

Applied the air-douche to the left ear, by which the hearing distance was raised to two feet eight inches.

Tuesday, 17th.—Right ear, two feet eight inches; left ear, three feet.

Applied the air-douche to the right ear, after which the hearing distance rose to three feet nine inches and three quarters.

Wednesday, 18th.—Right ear, four feet two inches; left ear, two feet ten inches.

Applied the air-douche to the left ear, without any change in the hearing distance immediately resulting.

Thursday, 19th.—Right ear same as yesterday; left ear, three feet four inches.

Applied the air-douche to the right ear. The stream was allowed to be a little more powerful than usual, which caused some pain. A rushing sound was first heard, until the force of the stream was increased, when a gurgling noise became discernible. After the application of the air-douche the hearing distance of the right ear was found risen to six feet.

Friday, 20th.—Right ear six feet three inches; left ear, four feet eight inches.

In consequence of some tenderness of the left external ear, the air-douche was not applied to-day.

Monday, 23d.—Tenderness of the left external ear gone.

Hearing distance on the right side, seven feet eight inches and a half; on the left side, five feet eleven inches.

Applied the air-douche to the left ear, and immediately found the hearing distance only four feet eight inches; but on trying it again, in the course of a few minutes, it was found to have risen to seven feet and a half.

Tuesday, 24th.—Right ear, seven feet eight inches and three quarters; left ear, eight feet one inch and a half.

Applied the air-douche to the right ear. When the air enters the tympanum with moderate force, a rushing sound only is heard; but if with greater force, a gurgling noise is perceptible. A few minutes after the air-douche, the hearing distance was found to be nine feet four inches. On trying it again, after an interval of a few minutes, it was found to be almost twelve feet.

Wednesday, 25th.—Right ear, twelve feet eleven inches; left ear, nine feet one inch.

A few minutes after the application of the air-douche to the left ear, the hearing distance was eleven feet four inches. After an interval of five minutes from the first trial, the hearing distance was found risen to thirteen feet one inch and a half.

Thursday, 25th.—Right ear, fourteen feet three inches; left ear, ten feet and a half.

Applied the air-douche to the right ear. At first there was a gurgling, as if there was in the cavity of the tympanum thin loosened mucus. A rough rushing sound was afterwards heard, as if something vibrated within the tympanum, or as when one blows on a bit of gold-beater's skin, stretched between the fingers. This sound appears to be owing to vibration of the membrana tympani.

Hearing distance on the right side was now fifteen feet and a half, and in the course of five minutes had risen to sixteen feet five inches.

Friday, 27th.—Right ear, seventeen feet and a quarter; left ear, eleven feet eleven inches.

After the application of the air-douche to the left ear, the hearing distance of it was twelve feet five inches.

Saturday, 28th.—Right ear, eighteen feet four inches and a half; left ear, fourteen feet one inch and a half.

Air-douche applied to the right ear. The patient now hears the ticking of the watch distinctly, from one corner of the room to the other, a distance of about twenty-five feet.

Monday, 30th.—Hears with the right ear the watch, from one corner of the room to the other; left ear, fifteen feet and a quarter.

After the application of the air-douche to the left ear, the hearing distance was found risen to about eighteen feet.

Tuesday, 31st.—Left membrana tympani, though still opaque, does not appear so much thickened as before. It glistens more naturally than it did. The handle of the malleus may now be seen. The appearance of the right membrana tympani is pretty natural.

Hears the watch with the right ear distinctly, from one corner of the room to the other. Hearing distance of the left ear, fourteen feet five inches.

After the air-douche to the left ear, the hearing distance was about seventeen feet.

Thursday, August 2d.—Hears the watch distinctly with the right ear, from one corner of the room to the other, but did not hear it with the left ear at quite such a distance as the day before.

Applied the air-douche to the left ear without much change, the hearing distance remaining at only about fifteen feet.

Friday, 3d.—Right ear continues good; left ear hears the watch at the distance of sixteen feet four inches.

Saturday, 4th.—Dismissed cured, and is to go back to school on Monday. To guard against a relapse, it was directed, in addition to the general instructions regarding diet and regimen, which were obviously indicated, that in the event of ear-ache coming on again, leeches should be freely applied without loss of time, the ear fomented with warm water, and warm sweet-oil dropped in.

Saturday, 18th.—Received a letter from Mrs. C. D. to-day, in which she says her son is quite as well as when I saw him last; and although he had had a slight cold since, it had not in the least affected his hearing.

REMARKS.—In this case the principal cause of the deafness was accumulation of mucus in the tympanic cavities. There was no particular obstruction of the Eustachian tubes; it merely appears, that at first the Eustachian tube of the left side was impervious to a stream of air blown from the mouth; and that at the first application of the air-douche, the air penetrated less freely and with more gurgling than on the right. That the affection of the auditory passages had some share in the production of the deafness, was shown by the circumstance, that, when they were restored to a more healthy state, the hearing distance was raised to a few inches, and the susceptibility to the human voice very much improved; but unlike what occurred in the preceding case, the clogged state of the tympanum prevented improvement to any considerable extent. The increasing ratio in the progress of improvement, under the use of the air-douche, illustrates well both the nature of the principal cause and the efficiency of the means adopted for its removal. That hearing was not so fully restored on the left side as on the right, was owing to the opaque and thickened state of the membrana tympani, and possibly to a similar state of other parts of the ear not accessible to view.

As to the origin of the state of the ears.

The deafness, it is said, was first observed to come on after the measles. Both the eye and the ear, it is well known, are particularly obnoxious (especially in scrofulous constitutions) to what is called the *Uregs* of the measles, as well as of the other exanthemata. Ophthalmia tarsi, scrofulous ophthalmia, chronic dacryocystitis, &c.—all diseases involving tegumentary structures, are very often excited by the measles, &c. The accessory parts of the ear being in like manner chiefly composed of the tegumentary tissue, readily participate in the various affections of the skin. In the case before us, I believe we have a counterpart of the diseases of the eye, excited by the same cause. The tegumentary lining of the auditory passages, with the ceruminous glands, were affected. Now this resembles, in many respects, that disease of the eye called ophthalmia tarsi. In both cases the structure affected being a tegumentary tissue in the transition from skin to mucous membrane; in the one connected with the ceruminous glands, and in the other with the Meibomian follicles.

But in addition to the affection of the tegument of the auditory passages, there was some affection of the mucous membrane lining the cavity of the tympanum, giving rise to the accumulation of mucus; an affection which might be compared to the scrofulo-catarhal ophthalmia, or to chronic dacryocystitis, diseases, as above mentioned, often excited by measles, and often existing along with ophthalmia tarsi.

This comparison of the pathology of the case under consideration with morbid states of the accessory parts of the eye, excited by the same cause, indicates the propriety of employing the same general means of cure; but, as was pointed out in my former communication, in regard to some parts of the local treatment, what is easy of application to the eye requires a complicated apparatus for the ear.

Unfortunately, cases such as the above have a great tendency to relapse, either in consequence of the membrane—the seat of the disease—not being restored to a healthy action, and thus giving rise to a reaccumulation of mucus, or in consequence of a new attack of inflammation to which the part

will continue as liable as at first, or more so. This is not to be surprised at when we reflect on the difficulty of completely curing a chronic conjunctivitis, a chronic dacryocystitis, or even a chronic inflammation of the mucous membrane of the nose and throat; or the liability of these diseases, when cured, to fall back from the slightest causes.

Easter, C. D. came under my care again eight months after he was dismissed cured, for a renewal of deafness, brought on by repeated attacks of ear-ache while at school. No measures having been taken immediately to subdue the inflammation, the cautions and advice given when he was dismissed, having been entirely neglected, the membrane lining the tympanum has, I believe, become much changed in texture, so that the character of the disease is considerably different from what it was before.

The further history of the case will be given along with others treated with the vapours of acetic ether thrown into the tympanum.

BIBLIOGRAPHICAL NOTICES.

*Carpenter on the Physiology of the Nervous System.*¹

To the author of this able essay, we alluded in our last number, when referring to the subject of the proposed Asylum for the Insane Poor of this Commonwealth. He is a learned physiologist, and the writer of several very valuable articles on the nervous system in the *British and Foreign Medical Review*. In those articles, the author did not regard the evidence adduced in favour of the views of Dr. Marshall Hall as to the existence of the excito-motory system of nerves, which we looked upon with favour,² to be sufficient. Since then, however, his farther examinations have produced some change in his sentiments.

The following are the author's general conclusions from a review of the ground passed over in his essay:—

“ I. That a nervous system, in the form of connected filaments with ganglia on certain parts of them, exists in all animals, (that is, in all beings endowed with any degree of sensibility and voluntary power,) although its presence may not be detected by our means of observation.

“ II. That the actions most universally performed by a nervous system are those connected with the introduction of food into the digestive cavity.

“ III. That we have reason to regard this class of actions as every where independent of volition, and perhaps also of sensation;—the propulsion of food along the œsophagus in man being of this character.

“ IV. That, for the performance of any action of this nature, a nervous circle is requisite, consisting of an *afferent* nerve, on the peripheral extremities of which an impression is made;—a ganglionic centre, where the white fibres of which that nerve consists terminate in gray matter, and those of

¹ Prize Thesis. Inaugural Dissertation on the Physiological Inferences to be deduced from the Structure of the Nervous System in the Invertebrated Classes of Animals. Submitted to the Medical Faculty of the University of Edinburgh, in conformity with the rules for graduation, by authority of the Very Rev. Principal Baird, and with the sanction of the Senatus Academicus. By William B. Carpenter, M. R. C. S., Late President of the Royal Medical and Physical Societies of Edinburgh, &c., and Candidate for the Degree of Doctor of Medicine. 8vo, pp. 83. (With two lithographs.) Edinburgh, 1839.

² *Human Physiology*, 3d edit. I. 73. Philadelphia, 1838.

the efferent nerve originate in like manner; and an *efferent* trunk conducting to the contractile structure the motor impulse, which originates in some change in the relation between the gray and white matter.

"V. That such actions may be regarded as the simplest of those which the nervous system performs, and most resemble the examples of contraction produced by the irritation of different organs in plants, (where an *impression* is mechanically conveyed by the circulating system,) of any which the animal kingdom affords.

"VI. That in the lowest animals such actions constitute nearly the entire function of the nervous system; the amount of those involving sensation and volition being very small.

"VII. That, as we ascend the scale, the evidence of the participation of true sensation in the actions necessary for the acquirement of food, as shown by the development of special sensory organs, is much greater; but that the movements *immediately* concerned with the introduction of food into the stomach remain under the control of a separate system of nerves and ganglia, to the action of which the influence of the cephalic ganglia,—the *special* if not the *only* seat of sensibility and volition,—is not essential.

"VIII. That, in like manner, the active movements of respiration are controlled by a separate system of nerves and ganglia, and are not dependent upon that of sensation and volition, though capable of being influenced by it.

"IX. That the centres of these systems are brought into closer structural relation with that of the sensori-volitional system as we ascend the scale of invertebrated animals; until they at last apparently become a part of it, as in vertebrata, where, however, they still remain really separate, and may be artificially insulated.

"X. That, whilst the actions of these systems are in the lower tribes almost entirely of a simply—reflex character, we find them, as we ascend, gradually becoming subordinate to the will; and that this is effected by the mixture of fibres proceeding directly from the cephalic ganglia with those arising from their own centres.

"XI. That the locomotive organs, in like manner, have their own centres of reflex action, which are independent of the influence of volition, perhaps also of sensation.

"XII. That the influence of the will is conveyed to them by separate nervous fibres, proceeding from the cephalic ganglia; and that similar fibres probably convey to the cephalic ganglia the impressions destined to produce sensations.

"XIII. That the stomato-gastric, respiratory, and locomotive centres are all united in the spinal cord of vertebrata, where they form one continuous ganglionic mass; and that the nerves connected with all these also receive fibres derived immediately from the cephalic ganglia.

"XIV. That whenever peculiar consentaneousness of action is required between different organs, their ganglionic centres are united more or less closely; and that the trunks themselves are generally connected by bands of communication.

§ XV. That the sympathetic system does not exist in the lowest classes in a distinct form;—that the nervous system of the invertebrata, taken as a whole, bears no analogy with it;—that, as the divisions of this become more specialised, some appearance of a separate sympathetic presents itself;—but that this is never so distinct as in the vertebrata.

"XVI. Hence it may be inferred that, as the sympathetic system is *not* developed in proportion to the predominant activity of the functions of organic life, but in proportion to the development of the higher division of the nervous system, its office is not to "preside over" the former, but to bring them into relation with the latter; so that the actions of the organs of vegetative life are not dependent upon it, but influenced by it in accordance with the operations of the system of animal life.

*Rilliet and Barthez on the Pneumonia of Children.*¹

This valuable treatise, for which the profession in this country will be indebted to Dr. Parkman for putting it into an English dress, will appear in the "Library," after the work of Trousseau and Belloc. The authors have investigated their subject pathologically according to the most approved methods, and their "Treatise" is a decided acquisition. It will be followed by other monographs, executed upon the same plan.

*Scoutetten on the Radical cure of Club-feet.*²

We expect to reprint the memoir of this skilful surgeon with its illustrations in the "Library." It has been translated by Dr. F. Campbell Stewart, of Williamsburg, Va., and will probably follow the work of Rilliet and Barthez. We may remark, by the way, that we have had an opportunity of seeing three of the cases operated upon by Dr. Mütter. The results are most satisfactory.

MISCELLANEOUS NOTICES.

Medical College of Philadelphia.—The bill for the establishment of this college, which passed the legislature at the last session, has not yet, we believe, received the sanction of the governor—why, we know not.

Pennsylvania Medical College.—The Pennsylvania College at Gettysburg, has recently created a medical department to be situate in Philadelphia. The following are the Professors and subjects to be taught:—Dr. Samuel G. Morton, Anatomy and Physiology; Dr. George M'Clellan, Surgery; Dr. Wm. Rush, Theory and Practice of Physic; Dr. Samuel Colhoun, Materia Medica and Pharmacy; Dr. Samuel M'Clellan, Obstetrics and the Diseases of Women and Children; and Mr. Walter R. Johnson, Chemistry. The institution is advertised to open on the 4th of November.

Western Journal of Medicine and Surgery.—The accession of Dr. Drake to the Medical Faculty of Louisville, has given an impulse to journalism in the West, which has been recently flagging. The proprietors of the defunct Louisville Journal have purchased the subscription list of the asphyxied Western Journal of the Medical and Physical Sciences; and a new Phœnix is about to arise under the above title. We shall be most happy to see it succeed. There is talent and industry enough among the professors of the Louisville Medical Institute to effect this end; and we

¹ A Treatise upon the Pneumonia of Children. By MM. Rilliet and Barthez, Hospital Internes, Members of the Anatomical Society at Paris. (With a motto.) Translated from the French by S. Parkman, M. D., Fellow of the Massachusetts Medical Society, and Member of the Boston Society for Medical Improvement.

² Mémoire sur la Cure radicale des Pieds-Bots, par H. Scoutetten, D. M. P., Professeur en Médecine, agrégé de la Faculté de Strasburg, &c., avec six planches. 8vo, pp. 119. Paris, 1838.

may hope, that a kindlier spirit towards men and institutions will be encouraged than we noticed in some of the periodicals of the West when in full circulation: The connection of a journal with a particular school is objectionable on this account. The editors feel compelled to be its champions; and whatever advantage may accrue to the school by such connection—and we believe it is small, if any—is counterbalanced by the injury done to themselves and through them to the profession by the uncharitableness which is thus apt to be engendered. If the editors of the new Western Journal avoid this rock, the undertaking, we think, can scarcely fail to succeed. If they do not, they scarcely merit success.

Jefferson Medical College of Philadelphia.—The Professors, and the subjects taught, in this Institution, are as follows:—Jacob Green, M. D., Chemistry; Granville S. Pattison, M. D., Anatomy; John Revere, M. D., Practice of Physic; Robley Dunglison, M. D., Institutes of Medicine and Materia Medica; Robert M. Huston, M. D., Obstetrics and Diseases of Women and Children; and Joseph Pancoast, M. D., Surgery. Intimately connected as the editor is with this flourishing Institution, it may not be delicate for him to say much. He cannot do less, however, than assert his conviction, that it is adapted for a career of most useful exertion: under a lease of twenty years obtained on the building, with the right of pre-emption prior to the expiration of that period, the Trustees have instituted various improvements, which have rendered the accommodations for the purposes of a medical school all that is desirable. Of the qualifications of his new associates, who have succeeded to the Chairs of Surgery and Obstetrics, the editor speaks not only his own opinion, but that of all his colleagues, when he describes them to be ample, and to be founded on extensive opportunities for observing, studying, and practising their different branches; and he cannot doubt, that the courses they will deliver, will be signally effective. The October course of lectures has already commenced, and, from all appearances, it is probable, that the number of students, congregated in this city during the ensuing session, will be as large as, if not larger than, at any former period.

Pathological Society of Philadelphia.—A society under this title has been recently established in this city. Its objects are—the exhibition of specimens of morbid anatomy, met with in hospital or private practice, and the collection and preservation of these specimens in a museum of pathological anatomy. The society is already *in esse*, and holds weekly meetings. Its officers are—W. W. Gerhard, M. D., *President*; C. W. Pennock, M. D. and T. Stewardson, Jr., M. D., *Vice Presidents*; Geo. W. Norris, M. D., *Secretary*; Edward Peace, M. D., *Treasurer*; and Paul B. Goddard, M. D., W. Pepper, M. D., and B. F. Hardy, M. D., *Curators*.

Instituted and supported by individuals so competent and zealous as the gentlemen mentioned, and their coadjutors, the society cannot fail to be conducted with spirit, and to tend to the advancement of pathological knowledge,—one of the elements of sound therapeutics, which, after all, is the great object of medicine.

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ART. I.—PHILADELPHIA HOSPITAL, (BLOCKLEY.)

DR. DUNGLISON, ATTENDING PHYSICIAN.

Case of Tubercular Peritonitis, with Perforation of the Intestines. Reported by A. M. VEDDER, M. D., Senior Resident Physician at the time.

Elizabeth M'Cann, æt. 24, entered Women's Medical Ward, No. 2, June 14, 1838; born in Ireland; in America five years; seamstress; was never sick, that she recollects, in Ireland, and even till October, 1835, when she was affected with what she termed pleurisy of the right side; had pain in her side; could not take a full breath; was treated for it three weeks in Medical Ward, No. 4. After the cure of the pleurisy, she left the house; had a cough at that time; none previously. The cough ceased *entirely* after some time; expectoration was frothy, *no blood*. In October, 1836, entered the hospital with syphilis; had no chancres at her entrance; they appeared, however, on the labia and thighs two weeks after; had a discharge from the vagina six or seven weeks before her admission. It occurred four weeks after "exposure." Was under treatment for four months in the Venereal Ward. Took a great deal of mercury, but was *never salivated*. In March, 1837, left the hospital. In July, entered the Surgical Ward with ozæma; was quite well in the interim; no return of her former "complaint." Was under treatment for ozæma till February, 1838, (seven months.) Several pieces of carious bone were discharged from her nose, from which a copious and sanious fluid issued. The nose became less prominent, and her voice characteristic.

Various astringent and antiseptic washes were used: chloride of soda, &c. At the time of her discharge, (February 28,) was well, and able to work; and continued so until the 1st of May last, with the exception of a sore throat, which persisted for a few days. Took blue mass.

About the 1st of May last, a "small, hacking" cough began, with soreness in the epigastric region; vomiting at times. Cough continued until the 10th of June; about the same time had a "sharp" pain near the short ribs. Expectoration at first white and frothy, but it became yellow about the 1st of June; it was small in quantity. Her cough was most severe at night; has had cold sweats for two weeks past; *no chills*; *œdema* of feet a week since. About the middle of May diarrhœa commenced, which was at times severe; has never been free from it since; six or seven stools daily. No blood till within the last three days; stools were composed of slime. Soreness of abdomen became more severe at the same time (middle of May,) particularly at the hypogastric region. Was taken with vomiting before the purging commenced, which has continued ever since, more or less. Could not retain even water at times. Was quite fleshy before the commencement of the present attack (May 1st.) Emaciation has progressed gradually since.

Acidity of stomach since the beginning. A few days before her entrance, took an emetic, and afterward castor oil and laudanum.

Present state, June 14th, 1838.—Expression of feebleness; anxious, pale, emaciated. Feels very feeble, but walked into the ward; prefers lying on the right side; voice feeble; cephalalgia; tongue moist, of a pale red; anorexia complete; thirst great; vomiting after taking food or liquids, none at other times; cough slight, worse at night; no chill, but sweated last night; did not sleep, on account of pain and the open condition of her bowels; expectoration rare, yellowish; dyspnoea; no pain in the chest, but some in the abdomen, which is tender on slight pressure throughout, particularly in the hypogastric region; abdomen not distended, or retracted; has had fifteen or twenty stools in the last twenty-four hours, watery, with blood and slime, not fetid now; tenesmus and griping; skin warm, moist; pulse 96, small and feeble; œdema of the feet.

Applicentur cucurb. cruentæ ad f ʒvi. regioni hypogastr., et postea cataplasma humuli. Applic. sinapisma regioni epigastricæ.

ʒ. Hydrarg. chlorid. mit. gr. i.

Pulv. ipecac. et opii, gr. ii. Quater in dies.

Arrow-root and milk.

June 15th.—Expression as before; less short breathed; less feeble; vomited three times before the cupping, twice since the last paroxysm, continuing twenty minutes after taking ice, which was ordered last evening. Took the ice again, but did not vomit; anorexia; cough less; expectoration one ounce in twenty-four hours, in part watery, with masses of yellowish mucus floating in it; tongue pale, red, moist; thirst continues; complains of great pain at the hypogastric region, and a burning sensation at the epigastrium; vomited last evening about a quart of fluid of a brown colour, very sour, "setting her teeth on edge;" six stools in twenty-four hours, watery, mixed with blood, no clots, not fetid, but have an acid smell: stools small in quantity, with tenesmus and tormina; no burning sensation at the anus; no dysury; pulse 84, small and feeble; skin cool, natural temperature, moist; abdomen somewhat distended with gas. General tenderness of abdomen; very much so at hypogastrium, not less than on 14th. Slept for about two hours in early part of night; after the severe fit of vomiting, was restless during the remainder of the night. Decubitus dorsal; limbs slightly drawn up.

Continuentur remedia.

June 15th, P. M.—No vomiting, and but one stool since morning. Pain in epigastrium less, but more severe in lower portion of abdomen. Has taken ice and milk to-day.

June 16th, P. M.—No stool until this morning, six since then; no vomiting; griping and tenesmus continue; complains now of an intense pain at hypogastrium; thirst continues; no blood in the stools, but they are greenish and fetid; tongue moist, shining; pulse 108, small, quick; skin dry, about natural temperature.

Applicentur hirudines xx., parti dolenti, et postea cataplasma. Continuentur pilulæ.

June 19th.—Yesterday, a small tumour was observed in the hypogastrium, about four inches above the symphysis pubis, tense, very painful, to which was applied the unguentum hydrargyri. Pain continues, but less severe; expression more lively; strength rather increased; abdomen generally less tender; appetite bad; thirst; vomited last evening. On 18th. four or five stools; in last twenty-four hours, fifteen to twenty; tormina and tenesmus less; no blood or mucus; stools are now yellowish; dysury; secretion of urine small, deep-coloured; sleeps better, but is often awakened; tongue pale red; pulse 100; skin cool; less abdominal tenderness; gums slightly touched, but no salivation.

Continuentur pilulæ.

June 20th.—Tumour more pointed; pain in it much increased; chill this morning; evident fluctuation in the tumour; a lancet was passed in three eighths of an inch, but no pus followed. Lies with her legs drawn up; constantly moaning.

Omittatur unguentum hydrargyri. Applicetur cataplasma cum tinctura opii.

℞. Opii, gr. i.

Camphor. gr. iii. M.

Et fiat pilula quater in die sumenda.

Continuentur pilulæ ut antea.

June 22d.—Abscess broke this morning, discharging about f ℥ij. of thick greenish-yellow pus. Much less pain in the part. Slept better.

June 26, P. M.—All treatment was discontinued on the 24th. Since last note, patient has been improving, appetite having increased; pain in abdomen nearly gone; no vomiting or coughing for the last three days. On the 25th, P. M., vomiting became very severe, for which the following prescription was ordered:—

℞. Tinct. kreosot. gtt. v.

Aq. menth. ℥ss. Pro re nata.

Great dyspnœa, with lower extremities drawn up; a blister was applied to epigastrium, and ice ordered. At 9 P. M., the vomiting having become more severe, the patient was much exhausted; pulse 120, small, feeble. She was ordered iced wine whey.

The vomiting has continued until this evening, but less severe; has taken in addition to the whey, beef essence; slept none last night; is more feeble; vomiting continues; moaning at times; decubitus partly on the right side, with knees drawn up; respiration high, abrupt, frequent; cough slight; pulse 132, small and feeble; vomits a greenish thin fluid; tongue shining, moist; thirst; no cephalalgia; skin above natural temperature, dry; complains of a burning sensation in palms of hands, and coldness of feet; no pain, except in region of abscess, and in small of back; abscess continues to discharge pretty freely the same greenish-yellow fetid matter. (Vomiting began on the 14th, for which she took tinct. opii gtt. v. aq. cinnam. ℥ss. pro re nata.) Abdomen somewhat distended, gaseous, and painful on percussion.

Continue beef essence, wine whey, and ice. Poultice to abscess. Blister to be kept open.

June 28th, P. M.—Vomiting has continued since last note; worse in the afternoon, scarce half an hour passes without a paroxysm, which continues about five minutes; vomits a fluid resembling water, of greenish character. Says she has no pain; complains only of feebleness; more emaciated; sleeps somewhat better; vomited less last night, the matter ejected was very "sour;" feels a burning sensation at the epigastrium. Three stools in twelve hours, in part resembling the matter discharged from the abscess. No evacuation on the 27th. On the 27th, bubbles of foul air issued from the opening, the discharge nearly ceasing at the same time; discharge is now extremely fetid, green, almost of a gangrenous odour; pulse 120, small; skin dry, cool; almost no tenderness in abdomen, except in lower portion; on pressing these, bubbles of foul air issue from the abscess; abdomen moderately distended with gas; breathes more easily; lies on her back, with lower extremities extended; cough slight; almost no expectoration; tongue dry, red at the edges, slightly coated at the centre; can retain nothing on her stomach.

Blister discharges.

Continue wine whey, ice, and beef essence.

Habeat mist. efferves. ℥ss. pro re nata.

June 29th.—Cannot even retain the ice; two stools; a very fetid smell about the patient; abscess of a gangrenous odour; much more feeble; pulse cannot be counted at the wrist; extremities cold; speaks with difficulty; says she has pain in the hypogastrium; abscess has nearly ceased discharging; bubbles of air still issue from the opening; stools of the same character as on the 27th.

Give iced brandy punch. The other treatment was discontinued.

Died at 6½ o'clock P. M., June 29th, 1838.

Necroscopy, June 30th, seventeen hours after death.—*Exterior:* Emaciation extreme; limbs not rigid; small frame. In the hypogastric region the integuments are of a dark blue colour, in the centre of which the abscess opens. A probe is passed into it, and is found to communicate with the abdominal cavity, by a winding canal between the folds of the parietes.

Abdomen.—On laying open the abdomen the external orifice is found to communicate with a complete circumscribed cyst, formed by the agglutination of the omentum to the anterior wall of the abdomen and by the intestine. It extends quite into the pelvis, and as deep as the vertebræ, dipping between the folds of the intestines. The cyst does not communicate with the rest of the abdomen. The walls are ulcerated, and in parts almost gangrenous, containing a greenish fetid matter. On pressing the intestines, bubbles of air issue from two or three openings; they all look into the cavity of the cyst. On examining it more closely, three perforations are found lying near each other in the lower portion of the ileum, and one in the colon, rounded with a light yellow tinge, varying from two to four lines in diameter. The corresponding portion of the intestine is here inflamed. The intestines are glued in spots to each other and to the anterior walls of the abdomen, partly by old organised adhesions and partly by new ones. Surface of the intestines, as well as the omentum and peritoneum lining the walls of the abdomen, thickly studded with *tubercles*, varying in size from a pin's head to that of a small pea. No lymph or serum in the cavity of the peritoneum.

Small intestine.—Pale; mucous membrane softened with a few scattering (six or eight) tubercles in the submucous tissue. Glands of Peyer not developed.

Large intestine.—Presents several blue spots in the inferior portion.

Stomach.—Rather pale; contains a green fluid, fetid, resembling fæces.

Bladder.—Corrugated, contracted, its mucous coat much injected. One small tubercle is found in the submucous tissue near its fundus. (The bladder formed part of the walls of the cyst.)

Spleen.—A few tubercles are seen beneath its external membrane; tissue firm.

Liver.—No tubercles; fatty.

Mesenteric glands.—Normal.

Kidneys.—Rather pale, not tubercular. External membrane not adherent.

Lungs.—No serum in either pleura. Left lung bound down by a few old adhesions; tissue soft. One or two tubercles are found in it.

Right lung strongly adherent below; can with difficulty be removed. Tissue soft; a few masses of tubercles near its summit, where there is a cavity the size of an almond, lined by a smooth false membrane. No tubercle observed in the rest of the lung.

Bronchial glands tuberculated; some of them filled with a cretaceous deposit.

A. M. VEDDER.

ART. II.—CLINICAL OBSERVATIONS ON THE USE OF THE AIR-DOUCHE IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR.

BY T. WHARTON JONES, ESQ.¹

(Continued from page 225)

No. III.

CASE III.—Chronic inflammation of the lining membrane of the tympanic cavities, with accumulation of mucus—No obstruction of the Eustachian tubes—Auditory passages natural.

27th Jan. 1839.—The subject of this case was sent by Mr. Quain, of University College, with the following note:

“My dear sir,—Mr. E. F., the bearer of this, has been more or less deaf for a considerable time, and, from a short examination, I am inclined to think the Eustachian tubes at fault.

“I shall be much obliged if you will be so good as to examine him and give me your opinion. The tendency of my own opinion is, that the local means—catheterism, &c.—may be beneficial; yet, judging from his appearance, the diathesis, so to say, it is probable they will not alone be of any great utility.

“I am, &c.
“R. QUAIN.”

Mr. E. F. is 19 years of age; had scarlet fever when he was six; after that the deafness came on. Is subject to attacks of ear-ache. His sister was born quite deaf, but after having scarlet fever she *acquired* hearing!

Skin coarse, with sebaceous follicles of the face much developed; habitually costive. The climate in which he usually resides is very moist.

In September and October, 1826, was treated in Paris, by M. Deleau, who applied the air-douche about fourteen times, but only with temporary benefit. Took iodine last summer, according to the prescription of Dr. Elliotson. During the last autumn, hearing improved of itself considerably, but has been diminishing since he came to London. It is now—left ear, 3 inches; right ear five inches.

Left membrana tympani and handle of the malleus appear natural; the right also. The skin of the auditory passages slightly red and tender. The secretion of wax natural.

Applied the air-douche to both ears, as an exploratory means. On the left side the air entered freely, but with great gurgling; on the right side not so freely, and with less gurgling.

After the air-douche, the hearing distance of the left ear was nine inches, of the right ear six or seven inches. The hearing was further raised on both sides to one foot, by making forced expirations with the nose and mouth closed.

Tuesday, 29th Jan.—In consultation with Mr. Quain, and Mr. Gasquet, of Burton Crescent. Hearing distance to-day—on the left side, eight inches; on the right side, one foot.

After the application of the air-douche, the hearing distance on the left side was raised to one foot four inches, on the right side to one foot and a quarter.

Prescription.—To continue the treatment with the air-douche, and endeavour to improve the state of the constitution by attention to diet and regimen. To resume the use of the iodine.

¹ Lond. Med. Gaz. Aug. 17, 1839, p. 754.

Wednesday, 30th.—Left ear, one foot one inch; right ear, one foot and three quarters. Some pain in the right ear last night, and still some tenderness.

Applied the air-douche to the left ear only; the air entered freely.

After the air-douche the hearing distance of the left ear was one foot and three quarters; that of the right ear, although not treated, was found increased also—from one foot and three quarters to two feet four inches and a half.

After some minutes, and after having forced air into the tympanum by attempting to expire with the nose and mouth closed, the hearing distance on the left side was raised to three feet and a quarter.

Thursday, 31st.—Left ear from two feet to two feet and a half; right ear, three feet. After forcing air into the middle ear, by attempting to expire forcibly with the nose and mouth closed, the hearing distance of the left ear rose to three feet and a half, and that of the right ear fell to two feet and a half.

Applied the air-douche to the right side only. The hearing distance was diminished immediately after, but in the course of a few minutes it was found risen again to three feet.

Tuesday, 5th Feb.—Right ear two feet and a half, at first trial, but after forcing air into the Eustachian tube, by attempting to expire with the nose and mouth closed, the hearing distance was found raised to four feet.

Left ear, one foot ten inches at first trial; three feet one inch and a half after the forced expiration. Some cold in the head, and tenderness about the external auditory passages. No air-douche to-day.

Prescription.—To apply leeches behind the ears.

Tuesday, 12th.—Leeches have not been applied. Left ear, one foot four inches; right ear two feet. After a forced expiration, left ear two feet five inches; right ear, three feet three inches.

Friday, 15th.—Ear-ache has shifted from the right to the left side. Has had some leeches applied behind the left ear.

Prescription.—To repeat the leeches.

Monday, 18th.—Has had ten leeches applied behind the left ear. Still some pain and tenderness of the left ear.

Tuesday, 19th.—No pain, but still some tenderness. Fomented the ear last night with warm water.

Prescription.—To rub in tartar emetic ointment behind and below the left ear.

Thursday, 21st.—Left ear, one foot; right ear, one foot and three quarters. Pain is excited when air is forced into the tympanum by attempting to expire with the nose and mouth closed.

Tuesday, 26th.—Right ear, two feet three inches; left ear, two feet one inch. No recurrence of ear-ache.

Wednesday, 27th.—Again some pain in the left ear. Hearing not so good to-day. Nasal catarrh continues.

Friday, 1st March.—Hearing very dull to-day; no ear-ache. Air-douche applied to both sides. The air entered freely, but produced great gurgling. No pain during the application of the air-douche; but the Schneiderian membrane is so tumid that a very small catheter only can be passed along the nostrils without causing pain.

The cold is now going off; the mucus is therefore increased in quantity and becoming thicker, hence the greater degree of deafness.

After the air-douche, the hearing distance on the right side was one foot eleven inches, on the left side one foot six inches.

Saturday 2d.—Right ear, one foot eleven inches; left ear, one foot nine inches and a half.

Right ear treated. The hearing duller immediately after the application of the air-douche.

Monday, 4th.—Right ear, one foot nine inches; left ear, one foot two inches and a half.

Left ear treated. Some obstruction to the free entrance of the air at first, but that was readily overcome, and then the air entered freely.

After the air-douche, the hearing distance of both ears was about two feet and a half.

Wednesday, 6th.—Right ear, two feet eleven inches; left ear, two feet five inches.

Right ear treated.

Friday, 8th.—Does not hear so well to-day, but does not complain of ear-ache.

Monday, 11th.—Right ear, one foot three inches; left ear, one foot.

Applied the air-douche to both sides. After the air-douche, the hearing distance of the right ear was found raised to two feet and a half, of the left ear to one foot eight inches.

Tuesday, 12th.—Right ear, two feet and a half; left ear, two feet.

Left ear treated. During the injection of the air, felt a sudden pain in the situation of the mastoid cells.

Wednesday, 29th.—Right ear one foot four inches; left ear, only seven inches.

Air-douche applied to the left ear—great gurgling.

Thursday, 21st.—Right ear, one foot; left ear, one foot nine inches.

Air-douche applied to the left ear to-day again, the right nostril being too tender to allow the catheter to pass. During the application of the air-douche felt a sudden pain, as on Tuesday, the 12th.

After the air-douche, the vapour of acetic ether, diffused in air, was allowed to flow gently into the tympanum.

After this treatment by the air-douche and ethereal vapours, the hearing distance of the left ear was two feet and a half.

Friday, 22d.—Hears well to-day, but has not time to be treated.

Monday, 25th.—Right ear four feet one inch: left ear, two feet seven inches.

Right nostril still too tender to admit of the introduction of the catheter.

Left ear treated by the air-douche and ethereal vapours. After this treatment the hearing distance was three feet four inches.

Tuesday, 26th.—Right ear three feet seven inches. Left ear, one foot eight inches.

Left nostril so tender as not to allow of catheterism to-day. The tonsils and uvula red and swollen. The mucous membrane of the nose also red and swollen.

Prescription.—To apply a leech within each nostril and to take a dose of jalap and rhubarb.

Wednesday, 3d April.—Right ear, one foot nine inches. Left ear, two feet.

Left ear treated.

Monday, 8th.—Right ear, two feet three inches. Left ear, three feet six inches.

Right ear treated. After the treatment heard the watch at the distance of six feet.

Wednesday, 10th.—Right ear, seven feet three inches. Left ear, three feet four inches. Left nostril too sensitive to allow the passage of the catheter.

Right ear treated by the air-douche and ethereal vapours.

Friday, 12th.—Right ear, seven feet and a half. Left ear, one foot and a quarter.

Left ear treated. A pricking sensation felt in the ear, from the ethereal vapours.

Has heard, yesterday and to-day occasionally sounds like the beating of a hammer.

Monday, 15th.—Right ear, seven feet six inches. Left ear, four feet ten inches.

Has not heard the beating since. Right ear treated.

Friday, 10th of May.—Has been in the country since the last report.

Right ear, nine feet two inches. Left ear, seven feet five inches.

The hearing having improved so much of itself while in the country, I thought it advisable not to pursue the local treatment any further, but to wait and see what the powers of nature would do.

I have seen this patient twice since, when he complained that his hearing was becoming dull again.

Remarks.—The result of this case has in some degree justified the anticipation of Mr. Quain. The scrofulous diathesis, with an unhealthy state of the tegumentary system in general, evident in this patient, was a great obstacle to permanent improvement. As in Case II. the disease of the ear was called into existence by an exanthema. It appeared to be confined to the middle ear, the mucous membrane of which was in a state of chronic catarrhal inflammation, alternally calming down and becoming aggravated. All that the air-douche appeared to do when applied by M. Deleau, as well as when I applied it, was to effect the dispersion of the accumulated mucus, and so improve the hearing for a time. The affected membrane, however, not being at the same time restored to a healthy action, the mucus was always re-accumulating: hence the constant tendency to relapse, and the comparatively small progress made by the treatment above recorded, until the membrane lining the tympanum was directly acted on by the vapours of acetic ether. After this, the improvement was more striking than before, and probably, if it had been persevered in, decided and permanent advantage would have been ultimately gained.

A point worthy of notice was the improvement in the hearing effected by forcible expirations with the nose and mouth closed. It has been long known, that by making a forced expiration with the nose and mouth closed, deafness is in some cases considerably relieved. With such facts, Deleau remarks, it is surprising that blowing air artificially into the tympanum in deafness was not thought of sooner. Archibald Cleland spoke of blowing air into the tympanum a hundred years ago, but his was a mere suggestion, and I do not find that the air should be sent in by any other means than by the operator blowing with his mouth through a flexible tube (the ureter of a large animal) attached to the catheter introduced into the Eustachian passage.¹ When the hearing is improved by merely forcing the breath through the Eustachian tubes into the tympanic cavities, it is in general a sign promising farther advantage from the air-douche. In recent cases of muculent obstruction of the tympanic cavities, without obstruction of the Eustachian tubes, very considerable improvement may in this way be obtained, as in the following:—

CASE IV. Friday, 26th April, 1839.—Master G. H. aged about 14. Hears the watch at the distance of nine inches on either side. The deafness has been occasional in occurrence for some time, and varied in degree. Has had sore throat lately, but is now better. The tonsils are somewhat enlarged, and the uvula long. A rather too copious secretion of wax, which appears at the very entrance of the auditory passages, though it does not stop them up.

On making the patient expire forcibly with the nose and mouth closed,

¹ Wathen's cases by aqueous injections are well known. *Basson* (an absque membræ tympani apertura topica injici in conchum possint. Paris, 1784. *Haller*, *Collect. Diss. Chir.* t. 2, p. 286) proposed to effect the discharge of fluids effused into the cavity of the tympanum by forcing vapours into the Eustachian tube. His proceeding was to fill the mouth with the vapours, close the lips and nose, and then make a long forced expiration, by which the vapour is driven through the Eustachian tubes into the tympanum.

the hearing distance was raised on the right side to four feet nine inches, and on the left side to five feet seven inches.

If the obstruction be of some standing, such an event does not readily take place, but that more or less improvement may be obtained by it is shown in Case III.; and Dr. Sims (Memoirs of the Medical Society of London) mentions a case in which forcing the breath into the Eustachian tube, with the nose and mouth closed, proved successful after the deafness had continued for more than a year.

The subject of Case III. took iodine, though not with any marked advantage. This medicine was first employed in deafness by Dr. Manson, of Nottingham, who however gave no particular diagnosis for the cases in which it proved useful. But as he also succeeded in curing chronic dacryocystitis by the same remedy, I am inclined to think that in Dr. M.'s cases the deafness was owing to affection of the mucous membrane of the middle ear, especially as I have shown that the membrane lining the tympanum and Eustachian tube, and that lining the lachrymal sac and nasal duct, strongly resemble each other, both in their structure and in their diseases. It is in children, however, and at the commencement of the complaint, that iodine has most influence in diseases of the ear.

In the course of Case III. it is several times mentioned that the hearing was diminished immediately after the air-douche: Dr. Kramer considers this a positive sign of nervous deafness. Whether it be so or not, the state of the middle ear in this patient, was sufficient, in my opinion, to account for all his deafness, and the improvement gained from the application of the ethereal vapours bore too strong an analogy to the speedy and marked improvement, derived from a stimulating application in chronic catarrhal ophthalmia, to induce me to look deeper for a part which might be supposed to be that at fault, and therefore the one benefited by the remedy.

ART. III.—PHILADELPHIA HOSPITAL.

Report of Cases occurring in the Service of Dr. Dunglison, Attending Physician, between July 15th and September 1st, 1839. Reported by JOSEPH B. COTTMAN, M. D., and WILLIAM B. PAGE, M. D., Resident Physicians.

Mesenteric Tumour.—George Wagner, æt. 23, has been in the ward since the 10th of July. At the time of his entrance, a tumour, about the size of a hen's egg, could be distinctly felt in the epigastric and umbilical regions; had frequent attacks of vomiting, and complained of acidity of the stomach; his general health very good. He was put upon the following treatment.

℞. Sol. potass. hydriod. gtt. x. ter die.

Applicetur, ope frictionis, unguentum potassæ hydriodatis regioni epigastricæ nocte manequæ.

July 25th. Tumour has diminished; no vomiting; still complains of acid eructations; allowed a little bicarbonate of soda as a temporary prescription.

Continuentur ælia remedia, et augeatur dosis solutionis potassæ hydriodatis ad guttas xv. ter die.

August 25th. Tumour has been gradually diminishing since last note; sometimes it can be scarcely felt. His general health is much improved; has continued to take the medicine regularly since the 25th of July. On the 1st of August, it was increased to twenty drops three times a day.

This man was allowed free exercise in the open air, and on the 27th of August, when he was permitted to go beyond the walls of the Institution, he made his escape.

Phthisis Pulmonalis.—Peter Murphy, æt. 41, came into the hospital in June, labouring under confirmed phthisis, as indicated by the general and physical signs, was put upon the plan of treatment usually adopted by Dr. Dunglison; a mucilaginous mixture, with morphine, to allay the cough; and counter-irritation established over the region of chest by means of the unguentum tart. antim. et potass.

This man's disease has remained nearly stationary for the last six weeks; he continued in the ward at the expiration of the reporter's term of service.

Phthisis Pulmonalis.—John Errickson, æt. 58, has been in the ward for some months; treatment very similar to the preceding case. On the 1st of August, the disease being quiescent, he was discharged to the out wards of the Almshouse, where he might have an opportunity of taking exercise in the open air.

Gastric Fever.—Andrew Graham, æt. 40, convalescent at the time we took charge of the wards, had been in the hospital since June 30th. Discharged August 5th, cured. Treated by absolute rest, laxatives to keep the bowels open daily, and the use of ice internally.

Splenoncus.—Edward Conway, æt. 29, came in July 19th, labouring under ascites; this was removed in the course of a few weeks by the use of diuretics and methodical compression; his spleen could then be felt distinctly, very much enlarged, measuring about six inches in length and two or three inches in breadth: has had intermittent fever for the last twelve months. He was put upon the following treatment:—

℞. Liq. ferri hydriod. gtt. x. ter in die.

Applicetur unguentum potassii iodidi regioni lienis nocte manequæ.

This man continued to improve in his general health; his spleen diminished very much in size; he continued the treatment regularly, gradually increasing the dose of the solution until September 2d, when he was taking forty drops three times a day. He was discharged from the ward at his own request, greatly benefited.

Scrofulosis.—William Simmons, æt. 32. This case will be reported at length hereafter.

Sciatica.—Peter Stumpf, æt. 34. At the time of this man's entrance into the hospital, he was unable to walk without the aid of a cane; was suddenly taken, about fifteen months since, with loss of the power of motion in the right leg; used various stimulating liniments, and recovered in the course of a few months so as to be able to commence work again. In a short time afterwards, his left leg became similarly affected; diminution of motion and sensation extending up as far as the hip; applied to a physician, who made use of the actual cautery to the lumbar region and along the course of the sciatic nerve; this gave but temporary relief. Entered the hospital August 3d, in the state already described.

Treatment.—Moxas were applied to the lumbar region, just where the nerves which are distributed to the lower extremities, branch off from the spinal chord.

14th. Felt much relieved from the application of the moxas; the issues formed by them are open, and discharge freely. Has had slight diarrhœa for some days, which was treated by small doses of castor oil and laudanum; the temperature was discontinued.

20th. Issues have nearly healed; much relieved; the lotio ammoniata fortior of Granville¹ was applied to the lumbar region, so as to produce an eschar.

Omittantur oleum ricini et tinctura opii et habeat misturam sequentem.

℞. Tr. opii, ℥i.

Mist. cret. comp. ℥vi. M.

Capiat semi-unciam omnibus secundis horis.

¹ See Dunglison's New Remedies, p. 468. Philad. 1839.

25th. Diarrhœa has ceased ; is able to walk much better. Sensation has returned.

Omittatur mistura cretæ et opii, et applicetur lotio ammoniata mitior (Granville.)

30th. Is able to walk without his cane ; motion of limb much freer.

Continuetur linimentum.

Sept. 4th. Has perfect use of his limbs ; says he is as strong as he ever was. Discharged cured.

Dysentery.—John Griswold, æt. 12. Transferred from the Surgical to the Medical Ward, August 20th. Great tenderness over the region of the abdomen ; bloody evacuations, amounting to twenty in the twenty-four hours ; tenesmus.

℞. Hydr. chlorid. mit gr. ʒ.

Pulv. ipecac. comp. grs. ii.

Fiat pulvis ter in die sumendus.

Injiciatur enema amyli cum tinctura opii gtt. xv. ter in die. Applicentur cucurbitulæ cruentæ iv. abdomini ; et postea cataplasma sinapis et farinæ tritici singul. part. æqual.

24th. Mouth is affected by the calomel ; dysentery still continues ; number of evacuations somewhat less, still bloody.

Omittatur hydrargyri chloridum mite. Continuentur alia medicamenta.

27th. Improved ; number of stools less ; less blood in them.

Continuentur pulvis ipecacuanhæ et opii et cataplasmata. Omittantur enemata.

30th. No blood in the evacuations ; three or four in the twenty-four hours. Omittantur medicamina.

℞. Tr. opii, ʒi.

Mist. cret. comp. ʒvi. M.

Capiat semi-unciam quartis secundis horis.

Sept. 3. Discharged cured.

Gangrene of Lungs.—Patrick Denny, æt. 38. This case has been reported at length.¹

Gastric Fever.—Martin Wheeler, æt. 29. Came in July 25th, very weak and feeble ; high fever ; tongue dry and coated ; bowels have not been open for some days.

℞. Mag. sulph. ʒiss.

Mag. ust. ʒi. M.

Statim sumend.

Ice internally ; gum water.

30th. Patient somewhat improved ; fever has abated ; the soothing and abirritating plan of treatment, ice, and gum water, were carefully continued, and the bowels were kept open once in the twenty-four hours by small doses of castor oil (ʒi ad ʒii.)

August 5th. Much improved since last note ; fever has passed off, and he is now convalescent. The treatment was continued.

13th. Discharged cured.

Apoplexy.—George Freeborn, æt. 24. This case has been reported at length.²

Chronic Bronchitis.—Henry Guthrie, æt. 40. This man has been in the ward for some months. Tubercles were suspected to be in his lungs, but the signs were rather equivocal ; he was put upon the following treatment :

Sol. potass hydriod. gtt. xx. ter die ; cauterisation over the chest by means of the ung. tart. antim. ; a mucilaginous mixture, with morphine, to allay the cough when troublesome.

¹ *Intelligencer*, Oct. 15, p. 218.

² *Ibid.* Oct. 1, p. 193.

August 29th. Somewhat improved in his general health; cough still troublesome, more particularly at night. He was discharged by the visiting physician, but allowed to remain in the ward as an assistant.

Syphilitic Periostitis.—James McGary, æt. 30. This case will be reported at length hereafter.

(To be continued.)

BIBLIOGRAPHICAL NOTICES.

*Goddard's Plates of the Arteries.*¹

These plates—twelve in number—are fitting accompaniments, in regard to utility, to the author's plates of the nerves, which we noticed in our first volume. Dr. Goddard's opportunities for becoming a practised and skilful anatomist have been ample, and well improved. The accuracy of the plates, several of which are original, is undoubted; but we do not think that justice has been done to the author, either by the limner or the lithographer. There is a stiffness in the designs of some, and an occasional coarseness of execution, which by no means render them superior specimens of art. The author remarks, that although they are intended chiefly for the use of students, he trusts they "will be found of service in the library of the practitioner as a reference, no pains having been spared to render the anatomical details as perfect as possible."

We can recommend the work to the attention of both classes.

*Chaisty's edition of the London Dissector.*²

The London Dissector has been the accompaniment of multitudes in their anatomical studies. It was the manual employed by ourselves. Dr. Chaisty's edition is an abridgment and modification of the original, with additions from Sir C. Bell, Mr. J. Shaw, and others. We have not been able to examine the work sufficiently to pronounce upon the value of those changes.

MISCELLANEOUS NOTICES.

Medical College of Philadelphia.—In our last number, we stated that the governor had not signed this bill—why, we knew not. Since that paragraph was written, he has put his approval to it: and we hasten to lay it before

¹ *Plates of the Arteries, with References for the use of Medical Students.* By Paul B. Goddard, M. D., Demonstrator of Anatomy in the University of Pennsylvania, Member of the Academy of Natural Sciences, of the Philadelphia Medical Society, Franklin Institute, &c. &c. 4to, pp. 49. Philadelphia, 1839.

² *The London Dissector, or Guide to Anatomy, for the Use of Students; comprising a description of the muscles, vessels, nerves, lymphatics, and viscera of the human body, as they appear on dissection, with directions for their demonstration. From the first American edition. Revised and corrected by Edward J. Chaisty, M. D., Demonstrator of Anatomy in the University of Maryland.* 12mo, pp. 273. Baltimore, 1839.

our readers. The late period at which it has received the governor's assent will probably prevent any effective action on the part of the college this autumn. Intended, as it manifestly is, to advance the interests of the profession by enlarging the sphere of medical education, it meets with our entire approbation. Difference of sentiment may exist as to the policy or advantage of certain of the details. Still it is a step onward.

AN ACT to Incorporate the Medical College of Philadelphia.

SECTION 1st. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in general assembly met, and it is hereby enacted by the authority of the same, That Thomas S. Hewson, Thomas Harris, R. M. Huston, George W. Norris, Robert Bridges, H. Bond, C. D. Meigs, William Darrach, Reynell Coates, J. Brookfield, Joseph Warrington, Joseph Carson, F. Turnpenny, Franklin Bache, John Bell, Jacob Jeanes, I. F. Zorns, W. H. Gillingham, William D. Brinkle, Jacob Sharp, Thomas O. Goldsmith, N. Marsellis, H. D. Dietrich, David C. Skeritt, J. M. Pugh, Dr. Robert E. James, D. M. M. Levis, Dr. Samuel Strohecker, Dr. Adam Schoener, J. N. Marsellis, Philip C. Donnelly, Jesse W. Griffith, John Uhler, F. K. Morton, Dr. Abraham Helfenstein, Isaac Kline, Dr. Thomas H. Yardly, Benjamin F. Janney, Joseph Parrish, Isaiah R. Matlack, Nathaniel Hatfield, William B. Wood, Isaac Hays, Dr. Samuel Jackson, late of Northumberland county, Pennsylvania, Dr. William Gray, Dr. William C. McPherson, and their associates and successors be and they are hereby made and created a body politic and corporate in law and in fact by the name and style of the Medical College of Philadelphia, and by the same name shall have perpetual succession, and may sue and be sued, have a common seal, purchase and hold and convey all lands and tenements, moneys, goods, chattels, and effects, make all by-laws necessary or proper for the uses of a medical college, and immediately connected therewith, not contrary to the constitution and laws of this commonwealth, and do all and every other matter and thing for the purposes of this act which any corporation or body politic may or can do.

SECTION 2d. The objects of the corporation hereby created shall be to cultivate the science of Medicine, and all its collateral branches to encourage the prolongation of the term of study, and the increase of the extent of preliminary knowledge required of candidates for medical honours, to designate such courses of instruction as from time to time may be deemed necessary for the advancement of the science and the elevation of the medical character, and to examine and decide on the qualifications of candidates for medical degrees.

SECTION 3d. The officers of said college shall be a president, two vice presidents, a corresponding secretary, a treasurer, a recording secretary, and such other officers as shall be provided for by the by-laws, and said officers shall be elected by the members of said corporation at such times and in such manner and for such terms as shall be provided for by the by-laws, and said corporation shall have power to enact by-laws for the government, admission, and expulsion of members, Provided always that no organised faculty of professors or teachers shall ever be established by the authority of said college unless some other collegiate institution or institutions now or hereafter established, within the city of Philadelphia, shall enact laws interfering with the attendance of any medical student upon such course or courses of medical instruction delivered by authority of such collegiate institution or institutions as said student may prefer or select.

SECTION 4th. Said college shall have power to grant the degree of Bachelor of Medicine to any such persons as shall have completed a course of study similar to that now usually required of candidates for the degree of Doctor of Medicine in other colleges in this state.

SECTION 5th. Said college shall have power to grant the degree of Doctor of Medicine to any persons who shall have fulfilled the requisites hereafter mentioned with such other as from time to time may be prescribed by the by-laws.

SECTION 6th. Each candidate for the degree of Doctor of Medicine in said college shall have obtained the age of twenty-two years, he shall have pursued the study of medicine for the term of at least three years under the direction of one or more graduates in medicine, he shall have attended lectures in the city or county of Philadelphia on each of the following branches or on such subdivisions thereof as shall be deemed collectively equivalent thereto, delivered by lecturers recognised by said college, and shall have attended the same to the number of courses herein designated and upon each course for a period of four months: Anatomy, general and special, two courses; Chemistry, one course; Natural Philosophy, one course; Physiology and Pathology, two courses; Materia Medica and Pharmacy, two courses; Institutes and Practice of Surgery, two courses; Obstetrics, two courses; Diseases of Women and Children, one course; Medical Jurisprudence, one course. He shall also have pursued at least one course of dissections under the directions of a teacher recognised by the college, and shall have attended for at least one year the practice of some hospital containing not less than fifty beds, and in which clinical instruction is given. He shall also produce to the college satisfactory evidence that he possesses a good moral character.

SECTION 7th. The degrees herein mentioned shall be granted on such terms, and in such manner as shall be prescribed by the by-laws, conformably to the foregoing sections, and all fees received from persons applying for degrees shall be distributed and applied in such manner as shall be directed by the by-laws.

SECTION 8th. The Legislature may at any time alter, amend, or repeal the privileges hereby granted.

WM. HOPKINS,

Speaker of the House of Representatives.

CHARLES B. PENROSE,

Speaker of the Senate.

Approved this eleventh day of October, A. D. eighteen hundred and thirty-nine.

DAVID R. PORTER.

Dr. Bartlett's Case of Chronic Cerebral Affection; double consciousness; extraordinary memory of events, &c.—We refer to the particulars of this curious case for the purpose of expressing our satisfaction, not merely with the details as contained in the number of the periodical in which it first appeared,¹ but with the author's candour as exhibited in the number following,² in which he refers to the fatal termination of the case, and states that *dissection* threw no light on its *peculiarities*. There was great vascularity of the membranes of the brain, and thinning and redness of the gastric mucous membrane. Dr. Bartlett is a phrenologist, but he prefers to leave the case without comment, and to confine himself simply to the expression of the fact, that examination of the brain threw no light on the subject, rather than to follow in the footsteps of too many of those who think, in the main, with him, and endeavour to make the appearances bend to the phenomena observed during life. Whatever objections we may have to Dr. Bartlett's published sentiments on many of the most interesting topics appertaining to

¹ American Medical Journal, May 1839, p. 48.

² Ibid, Aug. 1839, p. 522.

his profession, in which, as teachers, we are wide as the poles asunder, it affords us satisfaction to award him any merit to which we may conceive him entitled.

Trousseau and Belloc on Laryngeal Phthisis.—We conclude, in the present number of the "Library," Dr. Warder's translation of this valuable work, which the profession cannot but feel indebted to him for having put in an English dress. In the translation, by the way, we notice an innovation, in which, however, Dr. Warder has only followed the—in our opinion—objectionable example of others. The French word *observation*, when applied to the history of a disease has always been rendered by the English word *case*; but from ignorance of this fact, we have seen it translated by the English word *observation*, and of late, since the introduction of the system of "Observation" of Louis, we frequently see it thus rendered. Now, *observation* in this sense, although it may be good French, is undoubtedly bad English, and in the work before us there are some striking examples of this truth. In Case 59, (page 179 of the translation,) called "Observation 59," the authors observe, "Le Journal des Progrès des Sciences Médicales contient *une observation* de trachéotomie;" which the translator has rendered thus, "The Journal of the Progress of Medical Sciences contains an account of a *tracheotomy*." The true translation of *observation* here, as every where else, under like circumstances, is "case"—"the Journal of the Progress of Medical Sciences contains an account of a case of tracheotomy." We make this criticism on account of the solecism, both novel and inaccurate; *observation* in French, in the instances in question, has *always* meant "case;" and no new notions can justify its receiving any other interpretation.

For the American Medical Intelligencer.

Quarterly Report of the Obstetric Practice in the Philadelphia Dispensary. JOSEPH WARRINGTON, Accoucheur.

Fifteen women have been delivered at full term. Thirteen boys and two girls have been born.

The average duration of labour in the 15 cases was 12 hours, the extremes being 2 and 25 hours.

The average time required for the spontaneous delivery of the placenta in 13 cases was 20½ minutes, the extremes being 5 and 60 minutes. In one case the placenta was retained within the os uteri one hour and a half, requiring finally the introduction of the hand to facilitate its delivery.

In 11 cases in which the positions of the fœtus were ascertained, seven presented the vertex in the first position, two in the second, one in the fourth. One case presented the pelvis in the first position.

The subject of the breech-presentation was still-born, appearing to have been dead several days previous to delivery. Another fœtus died during a protracted labour; probably from the severe compression exerted by the uterus upon the child, there not being apparently a drop of liquor amnii within the membranes.

The rest of the children have done well. All the women recovered.

Mr. Francis Drinker, member of the obstetric class reports the following case:—

June 19, 1839.—E. Carhart, æt. 22, subject of first pregnancy, was delivered of a female child, at 4 A. M. after a labour of six hours. Vertex presentation, first position; placenta extruded twenty minutes after the delivery of the child.

20th.—Great soreness and tenderness under slight pressure upon the

uterine region; considerable febrile reaction; uterine contractions almost intolerant.

In consultation with Dr. Warrington, agreed to take ℥xij of blood from the arm, give 5 grs. calomel in ℥ss castor oil, and apply fomentations of hops over the uterus.

Evening.—Increased fever; tenderness in uterine region not abated; medicine had not operated. Ordered enema of flax-seed tea; bled to ℥viii; soda powders for drink.

21st. 1 A. M.—Was called from bed in consequence of great jactitation and increased fever; bled to about ℥xvi; continued fomentations, and at Dr. W.'s suggestion of yesterday, directed flax-seed mucilage to be injected into the vagina.

10 A. M.—Symptoms all mitigated directly after the last bleeding, which nearly caused syncope; patient rapidly convalesced.

Mr. Andrew Bruce, another member of the class, reports as follows:—

Sept. 2d, 1839.—A. Agan, æt, 35, (one of the patients placed under my charge by Dr. Warrington,) subject of her thirteenth pregnancy, had enjoyed usual health up to this time, when she was surprised by a very sudden discharge of blood per vaginam. This continued three days, during which it is supposed she lost six pounds of blood. She became very feeble; her pulse reduced below its usual standard of frequency and strength. At 7 o'clock, P. M., 5th Sept., I found her in labour, with strong and frequent uterine contraction. Upon examination, the os uteri was considerably dilated, but presented a soft thick cushion, which gave the idea of an edge of the placenta. There was scarcely any sanguineous discharge at this time. The fœtus was detected with the vertex presenting in the second position. The pains were frequent and severe. Child was delivered at 9 P. M. The patient had complained of severe cramps in the lower extremities; and at the moment the head was passing through the vulva she was seized with an hysterical convulsion. The rest of the delivery took place without her consciousness. Placenta came away in five minutes, spontaneously, followed by a very free discharge of blood.

Dr. W., who had been previously sent for, now met me. We used free frictions over the uterine region; applied a graduated compress of several diapers over the hypogastrium, and pinned the bandage firmly over all; the uterus, however, becoming very flaccid, we determined upon administering five grains of powdered ergot, suspended in fluid, every half hour. I watched the patient closely during the night, and had the satisfaction to find that after the administration of one dram of ergot in this manner the uterus contracted firmly, and the hemorrhage ceased. The pulse, which during the evening was scarcely perceptible, and beat only 60, had reacted finely next morning; when the patient, who had been in a continual state of insensibility for eight hours after the convulsion, recognised surrounding objects. She promptly recovered upon the use of laxative farinaceous diet.

The members of Dr. W.'s obstetric class are permitted to attend upon the cases which occur under his charge in the Philadelphia Dispensary.

BOOKS RECEIVED.

From the Author.—Narrative of the Discoveries of Sir Charles Bell in the Nervous System. By Alexander Shaw, Assistant Surgeon to the Middlesex Hospital. Svo, pp. 232. London, 1839.

From Mr. Adlard, the publisher.—A Treatise on the Diseases of Infants, founded on recent Clinical Observations and Investigations in Pathological Anatomy, made at the Hospice des Enfants-trouvés: with a dissertation on the viability of the child. By C. M. Billard, Docteur en Médecine de la Faculté de Paris, &c. &c., with notes by Dr. Ollivier, of Angers (motto.) Translated from the third French edition, with an appendix, by James Stewart, M. D. Svo, pp. 620. New York, 1839.

AMERICAN MEDICAL INTELLIGENCER.

Vol. III.

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No. 16.

For the American Medical Intelligencer.

ART. I.—CASE OF POISONING BY STRAMONIUM.

BY ERASMUS D. JONES, M. D., OF LEAKSVILLE, N. C.

Oct. 23, 1839.

Sir,—I was called to see a child, (daughter of John Hamlin, a resident of Rockingham, N. C.,) age 3 years, whom I supposed to be labouring under colic, but discovered it to be a case of poisoning by stramonium, on the exhibition of a dose of *ol. ricini*, which caused her to throw up a teaspoonful of the seed. The symptoms were very violent; the pupils of her eyes were dilated to the size of a 12½ cent piece; the muscles of the face rigid, and the stomach contracted to the size of a man's fist. She was rolling from side to side with convulsions, which had continued six or seven hours previous to my seeing her. I gave an emetic of *sulphas zinci*, with copious draughts of warm water, which did not produce vomiting. I repeated it without effect; after which I administered a teaspoonful of *ipecacuanha* in a cup of water, repeated every fifteen minutes without better success. I now determined to try the effect of titillating the throat with a feather, continuing the draughts of water, all of which proved insufficient. Finding the child was sinking rapidly, I resolved, as a last resort, to try the use of a leaf of moistened tobacco applied to the stomach, which acted like a charm. It relaxed the spasm, and the child lapsed into a tranquil sleep. As soon as the effect of the tobacco wore off the spasms returned, to be removed only by the reapplication of it. I continued this application during an entire night, ordering an enema of *epsom salts* to be given next morning, which brought away about three hundred of the seed; and in forty-eight hours she was restored to her anxious parents, entirely free from danger, although the pupils of her eyes were dilated for several days longer.

If you consider the above case worthy of an insertion in your journal, you will oblige me and many of my medical friends, who joined in requesting me to forward it.

Yours, respectfully,
ERASMUS D. JONES.

To Prof. Dunglison.

For the American Medical Intelligencer.

ART. II.—PHILADELPHIA HOSPITAL.

Report of Cases occurring in the Service of Dr. Dunglison, Attending Physician, between July 15th and September 1st, 1839. Reported by JOSEPH B. COTTMAN, M. D., and WILLIAM B. PAGE, M. D., Resident Physicians.

(Continued from page 240.)

1. *Hypochondriasis*.—This woman we found in the ward at the time we took charge; she had been in since the 1st of July; very little was done for her except to regulate her bowels, which had been in a constipated state for some time previous. She was discharged from the ward, August 2d, somewhat improved.

2. *Phthisis Pulmonalis*.—Elizabeth Dutil, æt. 40. This patient came in June 15th, labouring under confirmed phthisis. The treatment adopted in her case was merely palliative, consisting merely of a pectoral mixture for the cough; and intermittent counter-irritation by means of the ointment of tartarised antimony. A week or ten days before her death, gangrene of the lungs took place, for which four-grain pills of the chloride of lime were prescribed. She died August 16th, but no examination of the body would be permitted.

3. *Neuralgia and Hyperæsthesia*.—Elizabeth Gillue, æt. 39. This woman came in June 24th, labouring under what Dr. Dunglison considered neuralgia, with supersensitiveness of the lower extremities. She could not bear the least touch of the finger, it would often throw her into the most violent nervous agitation; but, what was singular, at other times she could bear us to press her limbs as hard as we pleased, without its causing pain. This condition came on about a week before her entrance; she had been confined to her bed for some months with an attack of fever, went out and exposed herself too soon, caught cold, and attributes her present affection altogether to that circumstance. It commenced at first in her ankles, and gradually proceeded up until the whole lower extremities were in the state described; she has great tenderness on pressure down the whole tract of the spinal column; is very restless at night; sleeps very little; general health very much impaired; emaciated and anæmic; action of heart much excited; bowels constipated. The following was the plan of treatment adopted:—

ʒ. Pulv. rhei, grs. x.
Mag. ust. ʒi.

Fiat pulvis statim sumendus et pro re nata repetendus.

ʒ. Acid. hydrocyanic. gtt. i. ter in die, in mucilag. acaciæ, q. s.

Occasionally all the symptoms become very much aggravated; the action of the heart very much excited, and the fear of being touched almost intolerable; cups applied to the spine and region of the heart, or a blister, with perfect quietude in bed, and the use of the tincture of digitalis in the dose of ten drops three times a day, ameliorated the symptoms so much, that on the 1st of July the digitalis and hydrocyanic acid were discontinued; and she commenced with ten drops of the liq. ferri hydriodatis three times a day. On the 31st of July, small blisters were applied to the inner side of the ankles, and the exposed surfaces were dressed with the acetæ morphinæ; this remedy at first appeared to promise greater success than any other, but as soon as the blistered surface healed, there was a return of all the symptoms; the blisters were again opened on the external part of the ankles by means of the lotio ammoniata fortior of Granville, and dressed with morphine; but as soon as the surfaces healed, the symptoms returned: Granville's lotion was now applied to the sacral region, and the surfaces

dressed with morphine; this gave more relief than any thing else, and, on the 14th of August she was able to walk about the ward with less sensitiveness in her limbs; a scruple of the precipitated carbonate of iron three times a day was now substituted for the liq. ferri hydriodatis. On the 39th of August her general health was very much improved; she was able to walk much better, and the sensitiveness had diminished. She is still in the ward.

[N. B. Under strong revellents applied to the spine, with galvanic shocks, and time—which was probably an element—she became so much better, that she was discharged to a situation in which she was able to take appropriate exercise.—*Ed.*]

Dysentery.—Jane Wallace, æt. 26. July 17th. Symptoms: bloody evacuations; pain on pressure over the abdomen; great tenesmus; restlessness at night, constantly tossing about in the bed.

℞. Ol. ricini, ℥ii.

Tr. opii, gtt. x.

Fiat haustus statim sumendus.

℞. Sol. morph. sulph. ℥i. nocte sumendam.

Injections of starch and laudanum, and a cataplasm of equal parts of mustard and flaxseed meal to be applied over the abdomen.

18th.—Slept four hours; bowels open frequently during the night; continue the treatment.

19th.—The tenderness over abdomen, and the number of evacuations have increased.

Applicetur cucurbitulæ cruentæ abdomini.

℞. Hydrargyri chlorid. mit. gr. ʒ.

Pulv. opii, gr. ʒ.

Fiat pilula ter in die sumenda.

Continuentur enemata.

22d.—Dysentery still continues; mouth not yet affected.

Continuentur remedia.

30th.—Mouth now affected; number of evacuations less, and they contain no blood.

Omittatur hydrargyri chloridum mite, sed continuetur opium.

August 4th.—Number of stools somewhat increased; no blood; no tenderness over abdomen. Omittatur opium.

℞. Tr. opii, gtt. xl.

Mist. cret. comp. ℥iv. M.

Capiat semiunciam omnibus secundis horis.

9th.—Diarrhœa has ceased altogether for the last three days; discharged cured.

Dysentery and Pleurisy.—Mary Simpson, æt. 26. Came in July 20th, labouring under pleurisy of left side; had had a slight attack of dysentery for several days; number of evacuations at present about ten in the twenty-four hours, bloody; a small dose of castor oil was given to clear out the intestinal canal, and afterwards she commenced with the following:

℞. Hydrargyri chlorid. mit. gr. ʒ.

Pulv. ipecac. comp. grs. ii.

Fiat pulvis quartis horis sumendus.

Applicetur empl. epispast. 6×4 lateri sinistro.

29th.—Mouth affected; dysentery has stopped.

Omittatur calomelas. Continuentur pulv. ipecac. comp. gr. iv. nocte manequæ.

This woman continued to convalesce under the preceding treatment until the 15th of August, when she was discharged cured; she went to the outwards and caught cold; entered the hospital again on the 23d, with an attack of pleurisy of the right side; was cupped to the extent of six ounces next day; was much relieved, and continued to improve until the 26th, when she complained of more pain. The pleurisy had extended round to the anterior part of the chest.

She was again cupped to the extent of eight ounces, and took the following mixture:—

℞. Tart. antim. et potass. grs. ii.
Mucil. acaciæ, ℥vi. M.

Capiat semiunciam singulis tertiis horis.

28th.—Pain in the right side and anterior part of chest continues.

Applicetur empl. epispas. 8×4 lateri dextro.

The blister relieved the pain in right side, and she recovered entirely of this attack.

[This woman was subsequently attacked with pleuro-pneumonia supervening on tuberculosis, of which she died.—*Ed.*]

Pleurisy.—Margaret Sprunt, æt. 45. July 30th. Pain on pressure and dulness on percussion throughout anterior part of the left side; the *frottement* very distinct; great pain on pressure down the spine; pulse full, strong, and corded; bowels constipated.

Fiat venæsectio ad ℥xvi.

℞. Hydrarg. chlorid. mit. grs. x.
Pulv. jalap. grs. xv.

Fiat pulvis statim sumendus.

℞. Ant. et potass. tart. grs. ii.
Mucil. acac. ℥vi.

Capiat semiunciam singulis tertiis horis.

August 4th.—Complains of very little pain in the side; great pain in the back.

Applicentur cucurbitulæ cum ferro viii. regioni spinali. Continuentur remedia.

6th.—No pain in the side; pain in the back less; bowels constipated.

Omittatur mistura antimonii et potassæ tartratis.

℞. Pulv. carb. lig. ℥i.
Magnes. ust. ℥ss.

Fiat pulvis nocte maneque sumendus.

This woman continued to convalesce until the 15th, when she was discharged cured.

7. *Erysipelas.*—Sarah Miller, æt. 33. The inflammation is confined entirely to the ankles and legs. Treated by means of lead water applied externally, and afterwards by methodical compression and quinine internally. Discharged cured in six days.

8. *Purpura.*—Mary Kelly, æt. 30. A detailed account of this case will be published in a future number.

9. *Constipation.*—Sarah Long, æt. 28. Entered July 18th. Has led a sedentary life for some years past; in the habit of taking medicine daily to open her bowels; appetite good; in other respects enjoys good health; has a slight prolapsus uteri, which inconveniences her somewhat. This was replaced, and is retained in its situation by means of a pessary.

℞. Magn. sulphat. ℥vi.
Potass. bitart. ℥i.
Aquæ bullient. Oj.

Capiat uncias duas nocte maneque.

24th.—Bowels have been kept open once in the twenty-four hours; at present her tongue indicates some additional derangement about the lining membrane of the intestinal canal. She commenced with the following in addition to the former prescription:—

℞. Pulv. carbon. ligni, ℥i.
Magnes. ustæ, grs. x. M.

Et fiat pulvis nocte maneque sumendus.

August 24th.—The charcoal and magnesia had the desired effect; it was discontinued in the course of a few days; as well as the medicine prescribed at first. Has diarrhœa to-day, with pain on pressure over the abdomen.

Omittatur solutio sulphatis magnesiæ et bitartratis potassæ. Capiat haustum ex olei ricini ℥ii et tincturæ opii gtt. xv. Applicentur cucurbitulæ cum ferro vi. abdomini.

28th.—Diarrhœa continues.

Omittatur haustus olei ricini et tincturæ opii.

℞. Tinct. opii, gtt. xx.
Mist. cret. comp. ℥vi.

Capiat semiunciam singulis secundis horis.

Applicetur cataplasma sinapis abdomini.

31st.—Diarrhœa was checked in a few days after taking the chalk mixture and laudanum; bowels regular; treated now for the prolapsus uteri; remaining in the ward.

[A supporting bandage—utero-abdominal of Mrs. Betts—was applied, which relieved her so much that she was subsequently discharged from the wards.—*Ed.*]

10. *Dysentery*.—Eliza Turner, æt. 26, came in July 17th. This woman has been in the constant habit of taking a large quantity of opium daily to relieve the great pain she suffers from an abdominal tumour, which appears to rise from the uterus, and extend up as far as the umbilicus; other small tumours are felt in different parts of the abdomen, which seem to be connected with the mesentery. At the time of her entrance she had a severe attack of dysentery, which was treated by calomel and opium; the mouth became accidentally much affected in the course of a week, with a corresponding diminution in the number of evacuations and change in their character. She recovered entirely of this attack, but had a return of the disease, with renewed violence, on the 7th of August: the following plan was then resorted to.

℞. Plumb. superacetat. grs. ii.
Pulv. opii, grs. ii.

Fiat pilula ter in die sumenda.

℞. Plumb. superacetat. grs. x.
Tr. opii, gtt. xx.
Muc. lini Oss. M.

Et fiat enema ter in die injiciendum.

Patient very much relieved by this plan of treatment in the course of ten days, and cured entirely on the 20th. She remained in the ward to be treated for the abdominal tumour. This woman has since been discharged to the out wards as an incurable case.

11. *Dysentery*.—Jane Purcell, æt. 25, came into the house August 10th; was then sent to the Women's Lunatic Asylum, as she had evidently been drinking very freely, and had symptoms of delirium tremens; received no treatment then, except small doses of castor oil and laudanum for her dysentery, which she had for a week, with from fifteen to twenty evacuations in the twenty-four hours. Entered the Medical Ward August 12th.

State.—Face flushed; pupils dilated; tongue coated with a yellow fur;

dry; lips dry and harsh; complains of sore throat; great thirst; incessant vomiting; skin rather cool; pulse 100, slightly corded; slight pain on pressure over the abdomen; tenesmus very great; ten evacuations since morning, contain blood and mucus.

℞. Hydrarg. chlorid. mit. gr. ʒ.
Pulv. opii, gr. ʒ.

Fiat pilula quater in dies sumenda.

Applicentur cucurbitulæ cruentæ iv. abdomini, et ad incisiones unguent. hydrargyri. Applicetur cataplasma parti inferiori abdominis. Ice internally.

13th.—Somewhat improved; bowels open eight or ten times in the twenty-four hours.

14th.—Slept none last night; fifteen evacuations during the night, ten this morning; stools bloody, mucous, scanty; pulse 120, weak, and feeble; pain on pressure over abdomen has increased.

Applicetur empl. epispast. 6×4 epigastrio. Continuentur alia remedia.

16th.—From fifteen to twenty evacuations in the twenty-four hours; they still contain blood and mucus; much relieved by the blister; blistered surface to be dressed with the unguent. hydrargyri; vomiting has ceased; mouth not yet affected by the calomel, which was increased to one grain four times a day.

18th.—Evacuations contain no blood; had eight yesterday, two last night, three to-day, scanty; very little pain on going to stool; mouth is now affected by the calomel; gums very red and swollen.

Omittatur hydrargyri chloridum mite.

℞. Pulv. ipecac. com. grs. ii.
Pulv. gumoni acac. grs. x. M.

Sumat unum quartis omnibus horis.

Ice, gruel, and wine whey.

24th.—The dysentery appeared to yield for a few days to the plan of treatment adopted, but recurred again yesterday. A blister was again applied to the abdomen, to be dressed with the mercurial ointment; enemata of starch and laudanum were given three or four times a day, and she commenced with the following:—

℞. Tr. opii, ʒi.
Mist. cret. comp. ʒvi.

Fiat mistura cujus sumatur semiuncia secundâ quâque horâ.

The disease yielded somewhat to this treatment in a few days, and was entirely removed by small doses of the oleum terebinthinæ. She was left, however, in a very weak and feeble state, but gradually regained her strength, and was discharged cured on 28th of September.

12. *Hypertrophy with Dilatation of Heart.*—Elizabeth Glenn, æt. 56. Came in May the 7th. At the time of her entrance had great dyspnœa, amounting at times to orthopnœa; a strong *bruit de scie* synchronous with the first sound of the heart; percussion dull over a larger space than usual; great effusion into the lower extremities. She was cupped over the region of the heart pretty freely; and commenced with the following draught:—

℞. Olei juniper. gtt. x.
Spt. æth. nitric. ʒi.

Fiat haustus ter in die sumendus.

On the 8th she was ordered two scruples of the pulv. jalap. comp.; this operated very freely. On the 10th, the œdema of the lower extremities still continuing, and very little diuretic effect having been produced by the remedies already made use of, she commenced with the following course:

- ℞. Bacc. juniper. ℥ss.
Potass. bitart. ℥ii.
Aquæ bullient. Oi.

Fiat infusum pro potu communi utendum.

- ℞. Hydrarg. chlorid. mit.
Pulv. scillæ aa. gr. i.

Fiat pulvis ter in die sumendus.

Omittantur alia remedia.

18th.—Œdema very much diminished; mouth has been slightly affected by means of the calomel; action of heart very tumultuous; abnormal sounds heard very distinctly.

Omittantur hydrargyri chloridum mite et pulvis scillæ.

- ℞. Tinct. digitalis.
Tinct. colch. aa. gtt. vi.

Ter in die sumend.

Continuetur infusum baccar. juniper. et potassæ bitart.

June 22d.—Œdema of lower extremities has entirely disappeared; purged frequently; action of heart very much disturbed.

Omittantur infusum et tinctura colchici. Continuetur tinctura digitalis sed augeatur dosis ad guttas x. ter in dies.

27th.—Bowels constipated; great dyspnœa; very little œdema.

- ℞. Mag. ust. ℥i.
Carb. lig. ℥ii.
Pulv. zingib. grs. v.

Misce et divide in chartulas ii. Capiat unam mane nocteque.

℞. Spirit. æther. sulph. comp. ℥i.
urgenti dyspnœa.

Continuetur digitalis sed augeatur dosis ad gtt. xv.

July 15th.—Patient has remained in *statu quo* since last note, with the exception of increase of dyspnœa, amounting sometimes to orthopnœa; sleeps very little; when she falls asleep is startled by horrid dreams.

Habeat sol. morph. sulph. ℥i nocte. Continuentur alia remedia.

Patient gradually continued to grow worse from this date until the 1st of August, when œdema, both of the upper and lower extremities, supervened, with puffiness of the eyelids and face; the dyspnœa increased so much that she was obliged to be kept elevated to enable her to breathe; abnormal sounds of the heart still heard very distinctly; a grating sound is heard immediately after the contraction of the left ventricle, as the blood passes into the aorta. Died August 13th.

The pathological appearances were so interesting, and coincided so perfectly with the diagnosis made before death, that they are given as noted at the time.

Necropsy twelve hours after death.—Exterior: lower extremities very œdematous; face emaciated.

Heart twice its natural size; pericardium contains about three ounces of fluid, and is adherent to the heart in three distinct places, by strong bands of organised lymph; the whole anterior surface of the heart is covered with a thick layer of lymph. Left auricle: lining membrane roughened; mitral valves flexible, but a little thickened around the margins. Left ventricle: walls five eighths of an inch thick; semilunar valves of aorta thickened with an osseous deposit behind them; aorta, as high as the arch, is covered with little spicula of bone, the remainder, as low down as the diaphragm, is studded with numerous cartilaginous deposits; under the lining membrane, at the origin of the carotid and subclavian arteries, the same deposit is seen extending about an inch into each. Right auricle: auriculo-ventricular

valve of that side slightly thickened; walls of right ventricle one fourth of an inch in thickness; semilunar valves of pulmonary artery slightly thickened, the others normal. Lungs healthy; a little emphysematous along the margins.

Liver natural size; presents the nutmeg appearance. The other organs were not examined, as we did not expect to find traces of disease in any of them.

J. B. COTTMAN,
W. B. PAGE.

ART. III.—CLINICAL OBSERVATIONS ON THE USE OF THE AIR-DOUCHE IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR.

BY T. WHARTON JONES, ESQ.

(Continued from page 237.)

No. IV.

In the preceding cases, the air-douche served both as a means of diagnosis and as a means of treatment. In the three cases next to be related, it served only to inform me somewhat of the state of the middle ear, more especially of the perviousness or imperviousness of the Eustachian tubes, and in cases of imperviousness to remove the obstruction. It did not produce any improvement in the hearing such as to warrant a perseverance in its use.

CASE V.—Exploration of the ears by the air-douche, showing obstruction of the Eustachian tubes: complete on one side, incomplete on the other—Hearing not improved by the removal of the obstruction.

Mr. J. J., aged about 82, grandfather of the subject of Case II.

Right ear.—Dull of hearing for a long time, though pretty useful till within a few years. Has had in the ear a succession of small gatherings or abscesses. The auditory passage is dry, and is occasionally affected with a troublesome heat, followed by the exfoliation of a thin waxy scale. A week ago, on awaking in the morning, could not hear any thing. This extreme degree of deafness is abated now, he being able to hear the human voice, if clear.

Left ear.—Has been useless for thirty years at least. In driving over some newly-graveled road in a phaeton, lately, thought he heard the noise of the wheels with the left ear, and found that it was undoubtedly so; and on getting home, heard the clock, though in a very low soft tone, as if the bell-hammer were muffled. The left ear is now, however, as insensible as before.

1st August, 1838.—Auditory passages wide; the right presents a sufficiently healthy appearance; the left, dry and scaly.

Does not hear the watch with the right ear, even on close application.

Applied the air-douche on the right side, and found the Eustachian tube quite impervious. On sending in a stream again, thought once or twice I heard the entrance of a bubble or two of air. After the air-douche, heard the watch when applied so as merely to touch the ear.

2d.—Hears the watch in the same way as yesterday.

Applied the air-douche again to the right ear. The air now entered at first with a gurgling, then with a howling or whistling sound, as if it penetrated only in a small stream.

After the air-douche, the watch was heard when applied to the ear, but the patient thought not so distinctly as before.

Friday, 3d.—Introduced the catheter into the left Eustachian tube; and, on blowing with the mouth, found the air enter with a gurgling sound. A stream of air from the air-press was then sent in, which I heard enter with considerable gurgling.

No improvement in hearing followed this application of the air-douche to the left ear.

Saturday, 4th.—Does not hear the watch to-day with the right ear. Applied the air-douche to the right ear, which entered as before.

After the air-douche, heard the watch in the same way as on the 2d.

CASE VI.—Exploratory treatment, by which obstruction of both Eustachian tubes was ascertained, but the removal of which effected no change in the hearing.

Saturday, 13th Oct. 1838.—Miss K. L. Has been very dull of hearing for about twenty years, and supposes the cause to have been cold caught in crossing from Liverpool to Cheshire.

Has suffered many things of many physicians without benefit. At present hears the watch with the right ear at the distance of five inches, with the left only on application. Has noises in the ears. Hears better in a cold dry air than in warm weather. Hears the chirping of the cricket, even to a painful degree, when a sound ear cannot perceive it.

External auditory passages and membrana tympani quite natural, only that on the left side there is not a due secretion of cerumen.

Applied the air-douche, and found both Eustachian tubes quite impervious.

Monday, 15th.—Applied the air-douche to the right ear, and heard at last some bubbles making their way into the tympanum with a gurgling sound.

Tuesday, 16th.—Hearing distance of right ear six inches.

Applied the air-douche to the left ear. The air did not at first penetrate, but by-and-by I heard a few bubbles working their way through the obstruction; and at last the air entered in a small jet, with a sound partly whistling partly gurgling, compared by Mr. Owen, who was present, to the sound produced by blowing one's nose.

Wednesday, 17th.—No improvement in the hearing of the left ear, and with the right scarcely hears at such a distance as yesterday.

Applied the air-douche to the right ear. The air did not at first penetrate, but after a slight gurgling it entered at last in a small, shrill, whistling stream.

Thursday, 18th.—No improvement in hearing.

Applied the air-douche to the left ear. The air now enters freely, and with a rushing sound.

Friday, 19th.—No improvement.

Applied the air-douche to the right ear. The air entered in the same way as on Wednesday.

CASE VII.—Exploration by the air-douche, showing perviousness of the Eustachian tube in the ear examined.

October, 1838.—Dr. M. N., a retired physician, hears a loud-ticking wooden clock at the distance of four yards with the right ear; a watch he hears only at the distance of two or three inches. Hears the watch with the left ear only on application.

Applied the air-douche to the left ear. The air entered the cavity of the tympanum with a rushing sound. No improvement in hearing was observed to take place.

Friday, 7th December.—In consultation with Dr. Bennett, at Dr. M. N.'s request.

Applied the air-douche to the left ear again to-day. The air entered as before, and the doctor could afterwards hear his watch at the distance of about an inch and a half.

A contraction in the right nostril prevented the introduction of a catheter into the right Eustachian tube.

Remarks.—Case I. showed that simple obstruction of the Eustachian tube is not of itself sufficient to cause a very great degree of deafness. In Case V., just related, the duller ear was that in which the Eustachian tube was pervious; in the other ear the tube was obstructed, but the removal of the obstruction produced little or no change. In Case VI. both Eustachian tubes were quite impervious; but the restoration of the access of air to the tympanic cavities was not followed by any amelioration of the deafness. In Case VII. the Eustachian tube of the ear examined was quite free. These facts are sufficient to expose the incorrectness of the principle alleged in favour of the operations of perforating the mastoid process and *membrana tympani*, even supposing the condition said to require one or other of these operations, viz. closure of the Eustachian tubes, had been always unequivocally ascertained to exist.

The pathology of the ear not being sufficiently known, a correct diagnosis cannot be drawn from the exploratory treatment above detailed. It can only be said, *per exclusionem*, that the proximate cause of the deafness did not lie in the external parts of the ear, nor in the Eustachian tubes, nor in any accumulation of mucus in the tympanic cavities. Was it owing to thickening or other change in the texture of the membrane lining the tympanic cavities, and, consequently, of the membranes closing the fenestræ? or was it owing to some change in the labyrinth in general; or to affection of the auditory nerves in particular?

It would be of the greatest importance if these questions could be satisfactorily answered, because the state of the ears under consideration appears to be, more or less, that of a large proportion of habitually deaf persons, and because we should then be more likely to ascertain the signs diagnostical of its commencement, and thus be able to adopt early and efficient treatment on general principles. An inflammatory origin is scarcely to be doubted. This subject will be further considered in another communication.

As to the prognosis in the cases under consideration, the absence of any benefit from the air-douche did not encourage its further use; and this, combined with the long standing of the cases, equally forbade the hope of obtaining advantage from any application made directly to the membrane lining the tympanic cavities. General treatment was out of the question: in Case VI., indeed, it had been already tried in vain, and even to the extent of implicating the health.

The following case, one not of such long standing as the above, presented, during the exploratory treatment, the same signs to the listening ear, but the improvement which supervened was such as to encourage further attempts, either by the air-douche, or by the injection of ethereal vapours, according as events in the course of treatment might have indicated.

The patient, however, finding his hearing improved as much as his business required, had no inclination to undergo further treatment.

CASE VIII.—Exploratory treatment followed by some improvement of hearing.

Thursday, 21st February, 1839.—O. P., a house-porter, aged 46. Was affected with a severe cold a fortnight ago. Within this last week deafness came on. Has been subject to attacks of deafness when affected with cold.

Hearing distance of the right ear, five inches; of the left ear one inch.

Nothing in the external auditory passages to account for the deafness.

Applied the air-douche to the right ear. The air entered in a small whistling stream.

No improvement immediately after the air-douche.

Friday, 22d.—Right ear, seven inches.

Applied the air-douche to the left ear. The air entered in a small irregular stream, with a whistling, screaming sound.

No further treatment submitted to.

Remarks.—This patient must have been affected with more or less deafness for a long time. As, comparatively, a very small degree of hearing is sufficient for all ordinary purposes of life, and as the affection of the structures of the ear giving rise to deafness is in many cases unattended by pain, it is allowed to go on for a long time without the patient's notice being particularly attracted to it: hence one cause of the great intractability of diseases of the ear.

Having discussed those cases in which the exploration points only to an unfavourable prognosis, I now come to consider those in which, from the circumstances of the youth of the patient, the short standing of the complaint, or, it may be, some small improvement effected by the air-douche, as in Case VIII., just related, the expression of a less unfavourable prognosis is justifiable. In such cases, what experience of any value we possess indicates, in addition to appropriate general treatment, a direct medication of the middle ear. If the principle on which I have in the previous communications endeavoured to explain the sometimes beneficial action of the vapours of acetic ether injected into the tympanum be not freely admitted, then I hold the use of the remedy to be as yet entirely empirical. In addition to its effects in Case III., the pathology of which was pretty evident, and those to be related in the continuation of Case II., the nature of which we can also in some degree trace, I may here mention, that in cases in which, without there being actual obstruction of the Eustachian tubes, the air, nevertheless, does not enter freely, the application of the ethereal vapours is followed by a greater freedom to the entrance of the air. This, I think, is similar to the relief obtained, as first pointed out by Dr. Bootcher, of Copenhagen, and more recently, though in an exaggerated manner, perhaps, by M. Raspail—a relief I have myself experienced from the action of the vapour of camphor applied to the nostrils when obstructed from catarrh. I do not mean to say that nervous deafness does not occur, but if by nervous deafness is meant some disease of the auditory nerve at its terminating expansion in the labyrinth, at its origin from the brain or in its course, in short, an affection analogous to what we call amaurosis in the eye, then it may reasonably be doubted if the injection of the vapours of acetic ether into the tympanum ever benefited a case of nervous deafness. Exposing the eyes to the ethereal or other stimulating vapours is not unfrequently prescribed along with other remedies in cases of amaurosis, but with how much advantage?

BIBLIOGRAPHICAL NOTICES.

*Shaw on the Discoveries of Sir Charles Bell.*¹

The object of this publication is to vindicate the author's distinguished relative, Sir Charles Bell, whose claims to the discovery of the important difference between the anterior and posterior roots of the spinal nerves have been contested by certain physiologists. "The immediate cause," says Mr. Shaw, "of my entering on the subject has been, that, in different publications of general and extensive circulation, statements altogether unfounded, and obviously proceeding from one common source, have recently been appearing with remarkable frequency, concerning the views originally ex-

¹ Narrative of the Discoveries of Sir Charles Bell in the Nervous System. By Alexander Shaw, Assistant Surgeon to the Middlesex Hospital. 8vo, pp. 232. Lond. 1839.

pressed by Sir Charles Bell as to the functions of certain important parts of the nervous system. The statement to which I particularly refer, is to this effect: that when Sir Charles Bell first published on the nerves, he entertained the opinion that each root of the spinal nerves possessed two distinct endowments,—that is, instead of his supposing that the power of regulating the muscles belonged to one of the two roots of these nerves and the power of conveying sensation to the other, it is alleged, that he supposed that both motion and sensation resided conjointly in the anterior root, and the power of controlling the growth and sympathies of the parts in the posterior. These opinions, it is further said, he continued to hold, until it was discovered by certain other gentlemen who engaged in the same enquiries, that the anterior root was subservient to motion, and the posterior to sensation.”

—p. 2.

We cannot adduce the facts and arguments of Mr. Shaw to prove the incorrectness of these assertions; but it is only justice to say, that he is no feeble vindicator of Sir Charles Bell's title to the discoveries that have been so generally ascribed to him.

*Dr. Stewart's Translation of Billard on the Diseases of Infants.*¹

It must be admitted, that, although we have some semi-popular works on the diseases of children generally, there is not one, in the English language, which investigates this interesting class of affections upon pathological principles, that are satisfactory to the scientific. The diseases, indeed, of early childhood are apt to be too much neglected, and are presumed to be so obscure, that no encouragement exists for their closer investigation; whereas the very presumption ought to incite to greater labour on the part of the observer. M. Billard's is one of those valuable works emanating from the greater zeal for observation which has of late possessed the pathologist and the therapist, and is doubtless a valuable accession to our medical literature. This would have been readily conceded, we think, without the testimonials so garishly displayed in the announcement of the translation, to usher it into notice—a practice, by the way, more common in our sister cities than in Philadelphia, and more honoured, we think, in the breach than in the observance. The subjects embraced in the volume are, *First*, of the phenomena, which are presented on examining externally the condition of the child; *Secondly*, Diseases of Infants; and *Thirdly*, A Medico-legal Dissertation on Viability, with reference to the pathology, comprising *part first*, malformation and congenital diseases; and *secondly*, medico-legal inductions.

The appendix, consisting of seventy-three pages, is by the translator, who deserves much credit for the mode in which he has accomplished the undertaking.

¹ A Treatise on the Diseases of Infants, founded on recent Clinical Observations in Pathological Anatomy, made at the Hospice des Enfants trouvés: with a dissertation on the viability of the child, by C. M. Billard, Docteur en Médecine de la Faculté de Paris, &c. &c. With notes by Dr. Ollivier, of Angers, (with a motto.) Translated from the third French edition, with an appendix, by James Stewart, M. D. 8vo, pp. 620. New York, 1839.

*Dr. Bedford's Introductory Lecture.*¹

Dr. Bedford is unquestionably an able lecturer, and evidently most energetic in the prosecution of the interesting department of medical study assigned to him in the school to which he is attached. His lecture is to the purpose, and if we were to find any fault with it, it would be on a mere matter of taste, on which he may be right, we wrong. We allude to the repetition at the commencement and the termination of his address, in which, we think, he constitutes his auditors the too exclusive judges of his qualifications.

"I wish to be tried," he remarks in the exordium, "by the evidence I myself shall exhibit. I seek no adventitious influence, no extrinsic aid. I invite your rigid scrutiny; and if, in the sequel, it shall be shown that those to whose custody have been committed the best interests of this school, have done their duty, it will be a source of unalloyed pleasure; and with this gratifying assurance, I shall be stimulated to renewed exertions in the cause of a profession to which I have consecrated my life."—p. 1.

And again in the peroration:—

"After I have completed my course of lectures, I shall await your verdict. I wish it to be founded on a rigid and searching examination of my claims to the chair I hold in this school; and if I have not answered, in the fullest manner, your expectations, I humbly invoke you not to delay an instant in apprising me of my failure; for I will gladly retire from a position which I can no longer occupy either with advantage to you or credit to myself."—p. 22.

The following extract is a favourable specimen of Dr. Bedford's laudable zeal in the cause of medical science, and of the forcible manner in which he inculcates his views:—

"In order to convey some idea of the extraordinary enthusiasm with which the science of medicine is prosecuted in France, and the unparalleled resources for medical instruction, it may be well to mention that, in the city of Paris alone, there are upwards of fifteen thousand beds occupied by the sick in the various hospitals; forty-seven thousand patients are on an average admitted into the hospitals, in addition to which there are nineteen thousand old and infirm paupers received into the asylums. Thus it is that these institutions subserve two important objects, as was originally designed; they afford shelter to the aged and sick, and become great practical schools for all those engaged in the cultivation of medicine. The portals of these establishments are thrown open to the profession, and the multitude of students, constantly resorting to them in search of knowledge, is sufficient evidence of their appreciation. France has demonstrated to the world the folly of attempting, with any hope of success, to teach the principles of medicine, without being abundantly provided with the means of clinical instruction. Theory and practice in our profession, are two indissoluble links; and he who would attempt to separate them, knows nothing of the essence of the science, which it is our business to teach. If there be any here, who suppose that all that will be required of them to become successful practitioners will be to attend public lectures, and listen to the discussion of the various medical theories, it is my duty at once to disabuse their

¹ Introductory Lecture before the Albany Medical College, delivered October 1, 1839. By Gunning S. Bedford, M. D., of New York, Professor of Obstetric Medicine, &c. Published at the request of the class. 8vo, pp. 23. Albany, 1839.

minds of a delusion which, if encouraged, will undoubtedly lead to disastrous consequences. I should hold myself guilty, if I did not admonish the student that the attendance on lectures is but a very small part of the labour he will be called upon to perform, whilst preparing himself for the arduous and responsible duties of a medical practitioner. In the lecture room, he will be instructed only in the general principles of his science; he will have arrayed before him the opinions of the luminaries in the profession; and he will receive from the lips of the professor comments, which may or may not be based on true philosophy. It then remains to subject these principles and comments to the rigid test of experience; from generalisation we proceed to abstract investigation; and all theories in medicine, which will not accord with facts derived from bed-side observation, must be considered so many sophisms calculated only to lumber and retard our knowledge.

“In times of old when the Aurora of our art was far below the horizon—when chance seemed to be the only regulator of men’s views, it was customary to pay a holy respect to the opinions of individuals; these opinions were regarded as oracles, to depart from which was deemed the highest offence. According to the early traditions, the first collection of medical precepts was derived from Thouth, reputed to have possessed extraordinary talents and unequalled skill. These precepts were collected into a volume, which constituted the text-book of the priests, who were the only physicians in those early days. As part of their religion, the priests were required to regard, and in fact follow in their practice the precepts as sacred and unerring guides. It mattered not what consequences ensued, they were always certain of impunity so long as they adhered scrupulously to the prescriptions of Thouth; whilst, on the other hand, the slightest attempt at deviation, however favourable the issue, was menaced with forfeiture of life. In those times of darkness and superstition it was considered far better that ninety and nine should fall victims, than that the validity of the precepts of the mighty oracle should be called in question, or one heretical patient presume to recover in contradiction to them. Would that these prejudices, originating among a people who knew not the blessings of Christianity, were confined to the period of ignorance and folly. Their existence has been felt, and their influence acknowledged, even beneath the light of revelation, pervading the most sacred depositories of literature, and contaminating the wisdom of sages. Medical science has felt deeply the pernicious effects of idolatry paid to the dicta of men; she has suffered for years from the perversion of truth; and her votaries now feel that facts must be substituted for hypothesis, and patient investigation take the place of wild and unsupported conjecture. Medicine is a science of facts, and all that is excellent in her domain reposes on fixed and immutable data. Nature, in her varied phases, is the sage mistress from whom we derive the fundamental principles of our art. In health, she discloses to us the beautiful harmony of her system; whilst in disease, she points us to the effects of morbid action, and admonishes us of the means by which it is to be arrested. This knowledge, so essential to the successful discharge of professional duty, cannot be attained but by daily communion with the sick and the dead. In watching over the former, we are enabled to discover the value of written testimony; in contemplating the latter, we become familiarised with the devastating effects of disease.”—p. 21.

MISCELLANEOUS NOTICES.

Restoration of a Large Portion of the Face.—The following case presents an example of one of the most fortunate attempts which, perhaps, has ever been made to restore, by surgical operation, a large portion of the human figure:—

A Belgian soldier received, in 1831, a gun-shot wound, which shattered the lower jaw, cut through the tongue, and carried away the upper lip, with the cheek and superior maxilla. The mouth and nasal fossæ were thus converted into one cavity; behind the velum pendulum and palatine bones were untouched, but the mouth communicated on either side with the zygomatic fossæ. On the right side the floor of the orbit was driven in, and the eyeball forced out of its cavity. This enormous wound did not bleed, and the man was carried off the field three hours after its receipt. A long time elapsed before any regular surgical aid could be afforded, when the face presented the most deplorable appearance. The portion of the nose which remained had become adherent to the roof of the palate; the fragments of the lip and right cheek were rolled up and useless; the perpendicular diameter of the face was much reduced by the loss of the upper jaw-bone, while the lower maxilla was carried upwards and touched the dorsum of the nose. The tongue was adherent to the roof of the mouth, and the patient could only express himself by indistinct guttural sounds.

On the 18th of March, 1839, M. Burgræve endeavoured to correct these deformities by the following operation:—The lower lip was separated on either side by two cuts with the scissors; two other incisions were then made (the convexity being downwards) from the opening of the nasal fossæ to the anterior edges of the maxillary bones, while two incisions descended at right angles to the last, along the masseter muscles to the angles of the lower jaw. Two flaps were thus formed, and separated from the subjacent parts, being adherent to the skin of the neck by two pedicles of an inch in breadth. The nose was now dissected away from its adherences to the palate, and two side-flaps brought together, the nose being placed on their juncture at the middle line of the new lip. The upper and internal angle of the right flap was fixed by two points of suture under the angle of the right orbit, and the other portions of the edges were also united by points of the interrupted suture. This tedious and terrible dissection lasted an hour and a quarter. No dressings, save lint and water, were applied; the patient took an opiate draught. The cold lotions were continued. On the third day it was found necessary to remove a silver plate which had been placed under the flap to represent the maxillary bone and dorsum of the nose. As the mouth was too narrow to permit its extraction, M. Burgræve divided the sutures along the median line of the wound, and extracted the metal plate without difficulty. On the healing of the different parts of the wound it was found that the lower jaw still ascended above the upper lip, and rendered the ingestion of food difficult. To remedy this defect the surgeon elevated the commissures of the mouth on either side by removing elliptical portions of the skin, in the direction of the naso-labial lines, and this had the desired effect; he also cut away the indurated cellular tissue of the cheek, which had been occasioned by the dissection of the flaps.—*French Medical Gazette*, Sept. 31, 1839.

*Population of France.*²—The total number of births in Paris during the year 1837, was 29,192; or, 14,651 boys and 14,541 girls. Of the number born, no less than 9,578, or nearly one third, were born out of wedlock. The number of deaths amounted to 28,134. There died—at home, 17,127 persons; in hospital, 10,604; in prison, 99; while 304 bodies were deposited at the Morgue.

¹ London Lancet, Oct. 12, 1839, p. 102.

² Ibid. Oct. 5, 1839, p. 71.

Hence of every five persons who die in Paris only three have the satisfaction of dying in bed.

The number of deaths from small-pox, out of a population of 774,338, amounted to 458; in the year 1836, it was only 227.

The proportion of males to females born is as 17 to 16; but of children born out of wedlock, the proportion is as 24 to 23.

As there is one birth for every 32.7 inhabitants, if we suppose the population to remain nearly stationary, the mean duration of life is expressed by 32.7 years. Before the revolution, it was only 28.75.—*French Lancet*, Sept. 10, 1839.

*Prison Mortality in France.*¹—From 1815 to 1818, the general mortality of the prisons in Paris was one death for every 12.01 prisoners; from 1819 to 1825, the mortality was reduced to 1 in 15.30. In the other prisons of the kingdom the general mortality was 1 in 20.9.

In the places where galley slaves are confined, the mortality from 1816 to 1827 was as follows:—

Rochefort,	1 in 11.51
Toulon,	1 in 20.25
Brest,	1 in 27.06

French Med. Gazette, Sept. 21, 1839.

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¹ London Lancet, Oct. 5, 1839, p. 71.

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ART. I.—CASE OF EXTREME SENSIBILITY OF THE RETINA.

BY JAMES W. SALTER, M. D.

Richmond, Ia., Nov. 16th, 1839.

Professor Dunglison.

Dear sir,—I herein take the liberty of sending you a report of a case of extreme morbid sensibility of the retina, possessing, I think, some interest. If you should deem it worthy of a place in the "Medical Intelligencer," please give it an insertion. As the case proved a "stumbling-block" to some who had been long in practice, perhaps its publicity may be of use to others.

Very respectfully, your obed't. servant,

JAMES W. SALTER, M. D.

The subject of the following case was a daughter of Mr. M. K., residing in this vicinity, æt. 3. She was attacked about eight months ago with violent inflammation of both of the eyes, which was partially subdued by an antiphlogistic course of treatment. Several states of relapse and partial alleviation occurred during the first three or four months. The eyes then became permanently so irritable as not to admit a particle of light, which state continued until the case was despaired of, and finally given up by a respectable practitioner as incurable. On the 1st of October, and about six months after the first attack, I was requested to see her. I found the little patient lying upon her face, which position she obstinately maintained both day and night, with the eyelids much swollen and some abrasions about the nose and forehead, produced by the constant pressure and friction; pulse quicker and more frequent than natural; tongue slightly coated; bowels regular; appetite tolerable; and the mind excessively irascible, not bearing the least attention. All my attempts to examine the state and appearance of the balls of the eyes were rendered perfectly fruitless, partly by the swollen state of the lids and partly by the excessive suffusion of tears whenever an attempt was made. My pathological deductions were, that this was no longer an inflammatory disease, but purely a morbid sensibility of the retina superinduced by the previous inflammatory action, and kept up by the entire exclusion of light. I prescribed sulph. quinae, elix. vit. and tr. opii comp. in a combination as freely as the stomach would bear, and ordered a more generous and nutritive diet. In less than three weeks' time I had the satisfaction of seeing the use of my little patient's eyes entirely restored—the only vestige of disease being a small opaque spot upon the cornea of the left eye, which is gradually being absorbed.

JAMES W. SALTER.

For the American Medical Intelligencer.

ART. II.—CASES OF THORACIC DISEASE.

BY JAMES M. GREEN, M. D.

Macon, Ga., Nov. 6th, 1839.

Dr. Dunglison.

Dear sir,—I send you abstracts of my notes of two interesting cases of thoracic disease, which you are at liberty to publish—all, or as much as you may think proper.

Yours respectfully,
JAMES M. GREEN.

Case of T. L. S., in his fortieth year. A man of sanguine temperament and active habits, formerly of athletic frame, has been much exposed in various climates for twenty years. Has suffered from bronchial affections coughs, colds, difficulty of breathing, &c., for sixteen years, increasing in violence and frequency, and lately accompanied by disordered action of the heart.

Present state, Nov. 5, 1838.—Great fatigue and violent palpitation on ascending a flight of steps; distressing cough, and plentiful muco-purulent expectoration every morning on awakening; stomach disordered in its functions; anorexia; bad digestion, &c. Liver and spleen both enlarged and sore to the touch. Heart apparently dilated, and laborious in its action, impulse feeble, but distinct in both hypochondria and in the epigastrium. Sound on percussion on left side very clear from spine behind to sternum in front. On the right side in front relatively flat above and more so about the mammary region; same characters in lateral regions, but not so distinct; flatter on the right side behind than on the left. Stethoscopic examination:—sound of the heart, loud all over the lower and front part of thorax, in the right and left hypochondria and epigastrium. No respiratory sound on the right side, with the exception of an obscure vesicular respiratory murmur below the clavicle, and at the internal edge of the right scapula. Left side, in front or in the lateral regions the respiration somewhat puerile, with an occasional sonorous rattle; posteriorly there is a loud tracheal blowing sound, about as wide as two fingers, and extending from the middle of the scapula in a straight line to eighth rib, where it disappears; it is attended with loud resonance of the voice, and is distinctly defined at its margins. For several months he made a persevering use of various means of counter-irritation, including a seton on the upper part of the sternum, together with a long-continued purging with aloes, myrrh, and sulph. fer. pills, and other modes of local and general treatment. Under the use of these remedies, and a more prudent indulgence and exposure, his face assumed its natural hue—the liver and spleen their natural size and functions, and his abdomen, from being full and prominent became flat and even depressed; appetite and digestion quite healthy.

The stethoscopic changes, noticed during many successive observations, were a gradual increase in the roughness and puerility of the respiration, until it became intensely puerile; this change seemed to take place behind, and advanced to the front of the chest, until it included the whole of the left lung; and there seemed to be a marked diminution in the apparent volume of the heart—it seemed to contract itself behind the sternum.

Aug. 16, 1839. *Present state*.—Abdomen flat; liver, spleen and stomach natural. A slight sound of inspiration and expiration under the right clavicle, and a blowing sound at the lower angle of right scapula; not the slightest indication of the entrance of air into any other part of right lung. The heart has changed its location entirely; it is now, as indicated by the dulness on percussion, the impulse to the hand, and the sounds to the ear, in the right inferior thoracic region. The line of pulsation and sound is considerably to the right of the zypoid cartilage; pulsation is no longer evident in the epigastrium: with respect to size and sound the heart seems natural. Left side: the respiration is loud, rough, and puerile, except in

two places; behind, near the spine, the loud tracheal blowing still exists, and in front, from the clavicle to the third rib, it is almost natural; but the greatest peculiarity is the vast extent occupied by the lung; the loud, rough, puerile respiration extends from the spine behind to a line an inch to the right of the middle line of the sternum, and down to the very lowest false rib below. Percussion very clear at all these points, and no cardiac impulse or sound evident on the left side at all. Every morning, he has a long and difficult paroxysm of coughing and expectoration, and spends the rest of the day quite comfortably. Sept. 5th.—Was suddenly called to see him and found him labouring under severe pleuritic pain in his right side, and intense dyspnœa, very bad cough, and tumultuous action of the heart; bled sixteen ounces, and other necessary treatment. 6th.—Says he breathes with more freedom than he has done in five years: on the application of the stethoscope this morning I was surprised and pleased to observe that the air entered freely into the right lung; distinct and clear respiratory murmur all over the right side of chest not occupied by the heart; a considerable crepitus about and behind the mammary region, attended with some dulness. At sunset had another severe attack of dyspnœa; found crepitus had extended, and some bronchial râles above. 7th.—Rested tolerably and breathes freely, although there is some cough, and the dulness, crepitus, and bronchial râles are still ascending; twelve leeches above right nipple and seven in the supra-sternal fossa. 8th.—Seemed to be improving every way. 9th.—Rested badly last night, had great trouble about his heart; says he felt as if he had a parcel of stones rumbling together in his chest; applied two blisters, 5 in. long $3\frac{1}{2}$ wide, one to right side, and one to epigastrium: from the 10th to the 17th the inflammation continued to ascend until it nearly reached the clavicle, accompanied by crepitus, bronchial râles, and dulness; had prune juice expectoration two days, although he was leeches on the 11th and 12th, and on the 13th two more blisters to upper part of sternum and below right mamma. On the 17th the respiration was entirely tracheal below third rib, and percussion perfectly flat; blister over pectoral muscle; directed porter, and a preparation of infusion of senega, tinct. scill., carb. ammon., and tinct. op. camph. 18th.—Dressed blisters with mercurial ungt. and ordered blue pill 5 gr., calom. 1 gr., op. $\frac{1}{2}$ gr., every three hours until pyalism was produced. 19th.—Considerable expectoration of muco-purulent matter and great relief; loose bronchial râles all over right side of thorax; applied seven leeches; from this time the hepatisation was gradually resolved; the dulness gave way from above downwards.

On the 23d, 4th, 5th, and 6th, very much prostrated by drenching perspirations. 27th.—Had a severe attack of hemorrhoids, preceded by severe constitutional irritation, but ultimately producing a natural and very beneficial derivation. State on the 30th.—Countenance bright and natural; pulse soft and regular; tongue not furred; appetite good.

Physical examination.—Some bronchophony still remaining, above and outside of right mamma, with flatness on percussion; respiration distinctly heard, dextrad to the heart; respiratory murmur pretty natural from clavicle to below fifth rib. Heart seems to be about its natural size, and decidedly more in the middle of the thorax; impulse can be felt, and sounds heard to the left of the zyphoid cartilage; the left lung has apparently retired an inch to the left of the middle of the sternum, and I think does not extend so far down among the false ribs, and the respiratory murmur is much less rough and puerile. 26th Oct.—Very much in the old state, feeble, bad cough, dyspnœa, free expectoration. Respiration obscure below the scapula on the right side behind; some tracheal blowing to the left of spine. In front, and on the right side, percussion is resonant from clavicle to between sixth and seventh ribs, where it is dull; below this is the heart lying obliquely, it would seem, with the great vessels ascending towards the articulation of the fourth rib and sternum. Some bronchophony still remaining under seventh rib below mamma, and the clear resonance still extends from

supra-spinal fossa and clavicle down to the twelfth rib. Respiration on right side, in front, tolerably natural sometimes, but frequently almost entirely obstructed, and occasionally quite so, (and says he feels as if he had a valve flapping up and down;) after the expectoration of thick tenacious mucus, the respiration is much more distinct; on the left side, in front, the respiration is pretty natural from clavicle to fourth rib; respiration in other parts of left side about as on 30th Sept., though the lung still extends from clavicle, axilla, and scapula, down to the twelfth rib, as evidenced by the rough, puerile breathing, and clear resonance. 11th November.—I was pleased to notice this morning important changes, both in rational symptoms and physical signs; coughs and expectorates very little, and breathes quite easily; the heart can again be heard, and its impulses felt to the left of sternum, and zyphoid cartilage. Respiration in front, on the right side quite free and unobstructed; some obscure bronchial respiration below yet; behind, obscure; between scapula and spine, inaudible; voice resonant. On the left side the respiration generally softer and less puerile, and cannot now be distinguished below the tenth rib. I have said very little about the treatment pursued in the preceding case, from an anxiety not to occupy more room than was absolutely necessary; it consisted principally of those means recommended by the most judicious observers for the removal of chronic bronchitis, with a proper reference to the local lesions. A moderate but sufficiently energetic recourse was had to the various modes of local depletion and counter-irritation, scarificators and cups, pustulating ointments, stimulating liniments, and plasters, setons, &c.; a long and systematic course of moderate purgation, with pills of aloes, myrrh, sulph. iron, and ext. taraxaci, with the occasional addition of hydriodate of potass., a gentle ptyalism in April, after which he improved rapidly for some time.

In some of its characters this resembles a case reported by Dr. Stokes, in p. 331, of his work on the Chest. Some of the principal points worthy of notice in this case were,—1st. The great apparent decrease in the size of the heart, under the use of treatment adapted to remove congestion and chronic inflammation in the liver, spleen, and thoracic viscera. 2d. The complete removal of the heart from its natural position into the right mammary region. 3d. That when the obstruction in the right lung was removed (of whatever nature) the heart again moved, and buried itself under the sternum. 4th. That when the obstruction was renewed, along with other catarrhal symptoms, the heart again resumed its position to the extreme right, and higher up in the mammary region. 5th. That when the breathing again became free and unobstructed, the heart commenced moving to the left under the sternum, and its pulsations can now be heard, felt, and seen to the left of this bone. 6th. The immense extent occupied by the left lung on the 15th of Aug.; the intense puerility of the respiration on this side, and the modification of these two phenomena, as the obstruction was greater or less, minutely corresponding in these respects with the change of locality in the heart.

Case of G.—Habit delicate, hair not light; his father died of phthisis, and has a consumptive sister. Has been subject to breast complaints since sixteen years of age; underwent laborious exercise and was considered consumptive at seventeen, the symptoms of which were removed on changing his residence from New York to this state; at eighteen resumed a laborious and sedentary occupation, and had a maltreated gonorrhœa, during the course of which he salivated himself; has a malformation of septum narium, which produces a disagreeable sensation of dryness and a constant snuffling, In an attack of illness three years since, was accidentally ptyalised; ever since which his gums have been very sensitive and hemorrhagic, and has been obliged to *bolt* his food unmasticated, whereby his digestive organs have been very much disordered, acid eructations, heaviness, indigestion, &c.; has experienced dry disagreeable sensations in his throat. Had hæmoptysis three and two years since; the first was slight, and preceded by

cough and other pulmonary symptoms; last time by great mental excitement. Says his cough has always been dry, but I think I have seen him expectorate a mucous matter—never any purulent or calculous.

State on 10th Feb. 1839.—Slight pain in the back of thorax and right side; says he has had no hectic fever for a year, but confesses to resting badly; more emaciated at present than for some time. Some atrophy under the clavicles, greater under the left; pulse soft and slow, 58 to 60; breathing 20; no peculiarity in decubitus; pharynx, larynx, and trachea, apparently natural; never had any external scrofulous development; acutely sensible to cold in his chest and neck. Auscultatory examination.—Both clavicles dull on percussion, which dullness extends down as far as the fourth rib on the right side, and the third rib on the left. I can perceive no difference in the relative degree of dullness between the right and left. The spine, the supra and infra scapular regions, and the medio-scapular regions, are all dull on percussion: minutely corresponding to the points of dullness, the respiratory sounds are inaudible, except under the middle of the right clavicle, where I perceive distinct sonorous and sibilous râles extending downwards and forwards half an inch below the clavicle, (it is also painful on pressure over this place;) humerad to this (over the subclavian) the pulsations of the heart are distinguished almost as loudly as in the cardiac region, the respiratory heard below the third and fourth ribs as above, but not puerile any where,—in the left axillary region, extending as far down the side as the sixth rib; during inspiration a short rustling or rubbing sound is heard, synchronous with the contraction of the heart, not heard during expiration. Diagnosis.—Tubercles in upper part of both lungs, and a small cavity in the upper and anterior part of the upper lobe of the right lung. Directed four or five leeches to be applied to the subclavicular regions, as many on the left to-morrow, and so on; St. John Long's liniment to be diligently rubbed in on other parts of thorax; $\frac{1}{4}$ gr. of murias morph. at night; a sedative cough mixture during the day, and belladonna inhalations every night. It was pleasing to observe the rapid improvement in the rational symptoms and physical signs. On the 12th there was a marked decrease in the intensity of the sonorous and sibilous râles under the middle of the right clavicle, and obscure respirations could be heard below the left clavicle. On the 15th the siffing, sibilous, and sonorous râles, under the middle of the right clavicle nearly gone. Respiration much more distinct from both clavicles to the third ribs, but still very obscure under the third rib on the left, and the third and fourth on the right side; the loud pulsating sounds nearly gone; a slight rubbing sound heard under the middle of right clavicle, probably denoting some pleuritic inflammation; the rubbing sound in the left axilla hardly perceptible; scarified and cupped under the right clavicle, and continued other means; directed cupping or leeching under one or other of the clavicles every third day. 20th.—Removed that part of the deformed septum which projected into and almost entirely obstructed the left nostril; directed him to apply a solution of nit. arg., gr. ii. to the ounce, to his irritable gums twice daily. 24th.—Improving in every respect; percussion clearer in all parts of the thorax, and respiration manifest every where; some dullness under third rib on left side, and fourth rib on right, attended by some obscurity of respiration; a peculiar roughness in the respiratory murmur on the right side in front, from clavicle to third rib; nose nearly well, much improved in appearance, and the disagreeable snuffing which he has had for years removed. It is unnecessary to continue these daily reports. The physical signs approached more nearly to the natural standard every day, although the roughness in the respiration in the upper part of right lung was not removed, nor the rustling or rubbing in the right axillary. He increased in muscularity and activity rapidly; his pectoral and his thoracic muscles generally, and his voice, became clear and strong. During the treatment he was confined to his room as much as possible, and to a farinaceous and milk diet. In April he went to the north and returned, 15th Oct., in the enjoyment of fine

active health; though on making a superficial examination of his chest a few days since I thought that the respiration was somewhat feeble on the right side in front, and the rubbing sound in the left axilla was distinctly heard.

JAMES M. GREEN.

ART. III.—REPORT OF EXPERIMENTS ON THE ACTION OF THE HEART, &c.

BY C. W. PENNOCK, M. D., AND E. M. MOORE, M. D.

[On a former occasion, when referring to the experiments and observations of M. Beau on the sounds of the heart,¹ we stated, that a zealous and able friend was about to be engaged in investigations, from which we expected that light would be thrown upon the subject. That friend was Dr. Pennock,—whose untiring zeal for the advancement of medical knowledge, no matter at what expense of time or money, is well known to his professional brethren in this city.

From his accurate acquaintance with the heart in its normal state, his ability as an observer, and dexterity as an experimenter, the results contained in the following paper—originally published in the *Medical Examiner*—may be received with implicit confidence; and it is not a little gratifying to ourselves to find, that they accord so closely with the views which we have published² and taught, as regards the sounds of the heart, and the action of the auricles more especially.]

Impressed with the importance of the experiments to illustrate the heart's action, instituted a few years since by some European physiologists, we had resolved, more than a year past, to repeat them upon the first favourable opportunity. We were the more anxious to perform them, as the subject is one that has received but little attention in this country, and the profession seems scarcely aware of its importance. Circumstances, however, prevented us from carrying our designs into effect until a short time since; when upon application to an intelligent victualler in a neighbouring village, every facility was afforded us. We have been assisted by several medical gentlemen; but to Dr. Hardy, of the Philadelphia Hospital, who aided us in all the experiments, may be mainly attributed their successful results. We were also kindly assisted by Dr. Wood, Resident Physician of Frankford Asylum, Dr. Stillé, of Pennsylvania Hospital, and Mr. Burns, of Mobile.

Before proceeding to detail the experiments, we may say that the stethoscopes or ear-trumpets used were flexible, constructed of a coil of wire covered with gum elastic and silk; one, about four feet long, the ear-piece and hollow cone for the reception of sound, being of horn; the other, about two feet long, the ends composed of block-tin, and smaller than the first. This instrument is essential to the success of the experiment, as the impulse is so great with the ordinary stethoscope as to render the analysis of sound very uncertain. In measuring the heart, the ordinary shoemaker's measure is used, by which very accurate results may be obtained. Artificial respiration was maintained by the bellows, at eighteen to twenty inflations of the lungs per minute.

Experiment 1st.—Present, Drs. Hardy, Wood, Pennock, and Moore. A ram, about one year old, was selected. Owing to the alarm of the animal

¹ *Intelligencer* for June 16, 1839, p. 81.

² *Human Physiology*, vol. ii. p. 159. 3d edit. Philad. 1838.

it was found extremely difficult to ascertain the natural pulse and respiration; but during the time he was most quiet, the former ranged from ninety-six to one hundred and eight per minute, and the latter from thirty to forty in the same time. The stethoscope applied to the left side of the chest, opposite the fourth rib, revealed the sounds of the heart distinct and normal, but faint. Upon the sternum, in the same line, they could scarcely be distinguished. The animal was then deprived of sensation by several blows upon the anterior portion of the cranium; and the bellows-tube being immediately introduced through an incision in the trachea, respiration was artificially sustained. An incision was then made down upon the sternum, and extending its whole length, with a knife whose edge was purposely roughened to prevent hemorrhage. The bone was then divided longitudinally by a saw, and its parts separated by hooks, thus presenting a cavity of six or eight inches in diameter. Ten minutes had elapsed from the time the blow was given until the chest was opened, but the heart was still observed to beat irregularly and very rapidly. The excitement, however, soon subsided, and the heart pulsated regularly, and with a frequency of ninety-six per minute. The stethoscope was first applied to the heart—the pericardium being still unopened—and the sounds were observed to be of the same character as previously observed, but much louder. The first sound appeared to occupy about one half of the whole time of a pulsation; this was followed by the second, which is about one half as long as the first, or one fourth of the whole, and is more flapping than the first; the remaining time is occupied by repose.

The head of the auscultator being averted, and his eyes closed, the end of the stethoscope was applied by an assistant to the base near the valves, and to the body of the heart alternately; and it was decided by each in succession, that the first sound was louder over the body of the ventricles than near the valves, while the second sound was much more distinct near the valves than over the ventricles elsewhere. The change, however, modified the second sound much more than the first. A portion of the lungs being interposed we found the sounds duller, but in other respects of the same character. The anterior portion of the pericardium was then removed, and the heart exposed, presenting the right ventricle and auricle, and a small portion of the left ventricle, the auricle being concealed behind the heart. During the ventricular systole, the right ventricle was observed to be flattened, and the finger and stethoscope being applied, the first sound and impulse occurred at the same time. During this contraction the base of the heart revolved for a short distance to the left, supposed to be about one sixteenth of a circle, while the apex turned to the right at the same moment, thus causing the heart to assume a spiral form during the systole. The transverse diameter was much diminished by this systole; during diastole it increased, and the heart assumed a rounded appearance. The stethoscope was again applied in the same manner as heretofore detailed, and with the same result. A comparison being instituted, with the head averted as before, between the character of the sounds over the right and left ventricle, it was unanimously conceded, that on the right the first sound was flapping and shorter than on the left, while on the latter it was prolonged and rushing. Such was the rapidity of the heart's action, that some difference of opinion existed with reference to the relative contraction of the auricle and ventricle. Drs. Penneck and Wood being of the opinion that the ventricular systole is immediately followed by the auricular contraction, which is synchronous with the ventricular diastole; or to detail the succession more accurately, we have, 1st, the systole of the ventricles occupying one half of the whole time, during which systole the auricle dilates; 2d, immediately at the termination of the systole, the auricle contracts, and the ventricle dilates synchronously, occupying one fourth of the whole time; 3d, the state of repose follows, in which the ventricle is full, occupying the remaining time. Dr. Penneck is of the opinion, that the auricular contraction occupied rather less time than the

give his recapitulation of the lesions, and what he conceives to be the appropriate treatment of the disease.

"Lesions.—1st. In the cases where we found an effusion of serum in the arachnoid cavity, or in the lateral ventricles of the brain, or in the sub-arachnoid tissue—the quantity of it was inconsiderable.

"2d. The pia mater was injected in six cases.

"3d. The cortical substance of the brain was rose or violet in nine cases.

"4th. The medullary substance of the same organ was decidedly injected in five cases, of a less consistence than usual in one subject; of a slight unequal non-continuous lilac tint in another.

"5th. The cortical substance of the cerebellum was rose or violet in six cases.

"6th. In all, the spinal arachnoid contained from two to four ounces of clear serum.

"7th. The spinal marrow was flaccid through its whole extent in two cases, examined six and twenty-two hours after death. Its cohesion was greater than natural in another case.

"8th. The epiglottis was red, its mucous membrane more or less thickened, and partially so, in two cases.

"9th. That of the larynx was of a bright red in two cases.

"10th. The mucous membrane of the trachea was red and a little softened in one case.

"11th. We found black spots, and generally many of them, through the whole thickness of the lungs, in nine subjects. They were of different dimensions, and the tissue surrounding them increased in density in most of the cases. This was sometimes entirely deprived of air in consequence of the effusion of a greater or less quantity of blood more or less combined with air. In six cases we found in the lungs tumours of a blackish red colour, of an irregular form, containing no air, not granulated, more or less firm, without evident organisation.

"12th. In one case we found in each pleura an effusion of six ounces. They contained one or two spoonfuls of the same liquid, more or less colourless in five other cases.

"13th. In five cases we found one or two spoonfuls of lemon-coloured serum in the pericardium, in one case the serum was red.

"14th. The heart was flaccid, softened, or less coherent than usual, in seven cases, and in four of them its lining membrane was red.

"15th. The aorta was rose-coloured or red internally in the whole or in a part of its extent in six cases.

"16th. The colour of the pharynx was slightly altered in three fifths of the cases.

"17th. In the same cases there was a similar alteration of the tonsils, the size of which was increased in two cases.

"18th. The œsophagus was completely deprived of epidermis through its whole length in a third part of the cases, and partially so in a greater number.

"19th. The stomach was larger than natural in seven subjects, smaller than usual in three. It contained a clear or dark red coloured liquid, a blackish or a perfectly black fluid, in different quantities, in three quarters of the cases. Its mucous membrane was red through a greater or less extent in six cases; rose-coloured or orange in eight cases; grayish, yellowish, or whitish, in the others. It was thickened through a greater or less extent of surface in half the cases; softened and yellow to an extreme degree in the same number; at the same time thickened, softened, and red, in a third part of the cases; mamelonated in two thirds: ulcerated in two cases. It was natural in five cases.

"20th. The mucous membrane of the duodenum was red in a little more than half the cases, softened in the same number, and thickened in one case.

"21st. The small intestine contained a greater or less quantity of reddish, brownish, blackish, or perfectly black matter, in two thirds of the cases. Its mucous membrane was slightly injected or red in spaces, in little less than half the cases. Its consistence was more or less diminished through its whole length, or through a part of its extent only, in rather a greater number of cases. It was partially thickened in one case, in no case was it ulcerated, and Peyer's glands were always natural.

"22d. The large intestine was of a greater size than usual in two cases. In fifteen cases, it contained a matter of a wine lees colour, or blackish, or brownish, or chocolate coloured, or entirely black. Its mucous membrane was of a pale or bright red colour in five cases, grayish, yellowish, or whitish, in the others. Its consistence was more or less diminished in three quarters of the subjects. Its thickness was increased in three cases, and twice we found it slightly ulcerated.

"23d. The mesenteric glands presented traces of inflammation in four cases, the cervical glands in one case; in another case one of the glands about the *biliary ducts* was red, softened, and very large.

"24th. The liver was of a greater size than natural in two cases; a little firmer than usual in three cases, a little less firm in three others. Its cohesion was increased in six cases, diminished in seven. Its colour was altered in every case; sometimes it was of the colour of fresh butter, sometimes of a straw yellow, a clear coffee and milk colour, sometimes of a gum yellow, sometimes of an orange colour.

"25th. The spleen was softened in eight cases, and to a moderate degree, with one exception. It was larger than usual in five cases.

"The lesions which we have thus placed before the reader, were rarely considerable, very often insufficient to explain the death, and when this explanation was afforded, it was by a combination of several lesions.

"These lesions may be divided into two classes, some of them peculiar, or almost exclusively peculiar, to subjects dying of yellow fever, others common to those subjects, and to subjects who have died of other acute diseases. The red or black matter found in the alimentary canal, and the remarkable alteration of the liver, are of the first class, all the other lesions of the second.

"The red or black matter of the stomach and intestine not having been found in all the cases of yellow fever, it cannot be considered an anatomical character of that disease. But it is not so with the alteration of the liver, which was more or less exactly the same in all the cases, and which, for that reason, ought to be considered as the essential anatomical character of the yellow fever of Gibraltar, of 1828.

"Amongst the lesions of the second class, the yellowness and inflammation of the mucous membrane of the stomach should be especially remarked, as well from their frequency, as on account of the rapidity with which they came on. The inflammation of the mucous membrane of the stomach not having taken place in all the cases, and Peyer's glands not having ceased to be natural, it follows, on the one hand, that the yellow fever of Gibraltar, of 1828, is not a gastritis, and on the other hand, that it is not a typhoid fever. This last conclusion is even more strict, for not only was there an absence of the lesions of typhoid fever in the bodies of the victims of yellow fever, but these bodies presented other lesions which are not found in the victims of the first disease, and which are peculiar to the second disorder.

"What then is the nature of the yellow fever of Gibraltar, of 1828, and where is the seat of it? If it be neither a gastritis nor a typhoid fever, neither is it a hemorrhage, as it has lately been said to be, for the hemorrhage did not take place in all the cases. Is it a disease of the liver? Undoubtedly the liver was the organ principally and essentially affected; still we cannot regard the yellow fever as simply a disease of the liver, because its lesion, at least in the present condition of science, does not explain the

lected by us to the support of this proposition, and I can only say that, having been called on to take charge of two persons of rather feeble constitutions, and in the prime of life, whose febrile symptoms were inconsiderable, and did not continue beyond the third day, I employed no other means than a bath in one case, at the commencement of the disease, and a little castor oil in the other, at the commencement of the convalescence, to overcome constipation.

"Although I have already said that there are no particular indications in the convalescence, I may remind the reader that the inflammation of the mucous membrane of the stomach, usually slight, and never severe in fatal cases, is still less severe, judging by symptoms, in those who recover; that the gastritis is secondary, and disappears quickly; so that it is not necessary to keep the patient a long time on a strict diet. If the weakness was prolonged, or very great, we might follow the example of the Spanish physicians, and give some slight tonics, such as bark or quinine."—p. 339.

Dr. Shattuck deserves great credit for the translation, which is much superior to the generality of the works done into English, that issue from the medical press. We would suggest, however, that "five small spoons full of serum," contained in the arachnoid cavity, means that the spoons were there, as well as the *spoonfuls* of serum!

The work is better got up by the Publishers than any one that we recollect to have seen.

*Professor Gibson's Introductory Lectures.*¹

These lectures contain interesting sketches of the prominent medical characters, who came under Professor Gibson's notice during a residence of several months of the present year abroad. They are graphic, and, we think, free from the objections, which it is difficult to avoid, in giving sketches of personal appearance and character. The professional characters most prominently, and we think—so far as we have personal knowledge—faithfully depicted, are—Sir A. Cooper, Sir B. Brodie, Mr. Lawrence, Mr. S. Cooper, Mr. Copeland, Mr. Guthrie, Mr. Bransby Cooper, and Mr. Liston. The author refers also, at some length, to Sir James Clark, the able and estimable physician to the Queen of England. In the second lecture, the prominent surgeons of Paris are described:—Velpéau, Roux, Lisfranc, Ricord, Civiale and Leroy d'Etiolles.

The whole tone of the lectures is liberal, and generally laudatory.

MISCELLANEOUS NOTICES.

*Nitrate of Silver in Phlogosis of Mucous Membranes.*² (*Journal des Connaissances Médicales Pratiques*, May, 1839.)—M. Boudin has extended the application of nitrate of silver to the cure of inflammations and ulcerations of the ileum, which constitute one of the most constant lesions in

¹ Sketches of prominent Surgeons of London and Paris, introductory to a course of Surgical lectures, by William Gibson, M. D., Professor of Surgery in the University of Pennsylvania, Senior Surgeon and Clinical Lecturer to the Philadelphia Hospital, &c. &c. Delivered November, 1839. 8vo. pp. 17. Philad., 1839.

² *Edinb. Med. Journal*, Oct. 1839, p. 579.

typhoid fevers. When diarrhœa is the principal symptom, he administers the nitrate in enema, in the dose of from two to eight grains dissolved in six ounces of distilled water; and when gastric symptoms predominate he gives it by the mouth in pills, in the dose of a fourth to half a grain; and when the whole gastro-intestinal mucous membrane appears phlogosed he combines the two modes of administration.

*Surgical Pathology and Surgery. Section of the Muscles for the Cure of Lateral Curvature of the Spine.*¹ (Compte rendu des Séances de l'Académie des Sciences. Juin 24, 1839.)—M. J. Guerin informs us that he has already operated, with success, on twelve cases of lateral curvature of the spine; the operation consisting in the division of certain muscles of the back and of the spinal column. The muscles which he has already cut across, are the *trapezius*, the *rhomboideus*, the *levator angula scapulae*, the *sacro-lumbalis*, the *longissimus dorsi*, the *spinalis dorsi*, and *transversalis colli*.

"I have been convinced for a long time past," says he, "that the greatest number of articular deformities arise from convulsive muscular contraction, depending on an affection of the brain, of the spinal marrow, or of the nerves themselves, which are distributed to the muscles. This opinion, therefore, led me naturally to the two following conclusions, viz. 1. That the different forms which each of the varieties of curvature are capable of assuming are the consequences of a retraction affecting this or that muscle; 2. That the active treatment of each of these should consist of section of the tendons or muscular fibres which were the cause of each particular variety of curvature.

"These theories were put to the test of experiment on patients of both sexes and of different ages; the youngest operated on being 13 years of age, and the oldest 22. The curvatures were all of the second and third degree, with twisting of the spinal column and proportional gibbosity. In some patients a single section of the retracted muscles sufficed to produce a cure; in others two or three sections were required. In all, however, immediately after the operation, a marked improvement in the appearance of the spinal column was produced. In one young man of 21 years of age, who had undergone eighteen months of mechanical treatment for the cure of the curvature of the spinal column, an immediate restoration to the normal straightness was effected by division of the *longissimus dorsi* and corresponding spinal muscles. In others the cure was completed with the assistance of mechanical aid. In none of the twelve operations, which I have performed has there followed the slightest accident; there has been no hemorrhage, no pain, no fever; and in all, with the exception of one case, immediate reunion of the wounds took place without suppuration."

*Obstetrics. New Test for the Detection of Pregnancy.*² (L'Expérience, July 25, 1839.)—M. Nauche found that the urine of pregnant women contains a particular substance, which, when the urine is allowed to stand, separates and forms a pellicle on the surface. M. Eguiser, from an extensive series of observations, has confirmed this fact, and found that the *kisteine*, as this particular substance has been called, is constantly formed on the surface of the urine of women in a state of pregnancy.

The urine must be allowed to stand from two to six days, when minute opaque bodies are observed to rise from the bottom to the surface of the fluid, where they gradually agglomerate and form a continuous layer over the surface. This layer is so consistent that it may be almost lifted off by raising it by one of its edges. This is the *kisteine*. It is whitish, opalescent, slightly granular, and can be compared to nothing better than the fatty sub-

¹ Edinb. Med. Journ. Oct. 1839, p. 581.

² Ibid. p. 586.

stance which swims on the surface of soups, after they have been allowed to cool. When examined by the microscope it has the aspect of a gelatinous mass without determinate form; sometimes cubical shaped crystals are discovered on it, but this appearance is only observed when it has stood for a long time, and are to be regarded as foreign to it. The kisteine remains on the surface for several days; the urine then becomes turbid, and small opaque masses become detached from the kisteine, and fall to the bottom of the fluid; and the pellicle soon becomes destroyed.

The essential character of the urine of pregnancy, then, is the presence of kisteine; and the characters of the pellicle are so peculiar that it is impossible to mistake it for any thing else. A pellicle sometimes forms on the surface of the urine of patients labouring under phthisis, abscess, or catarrh of the bladder, but may easily be distinguished by this circumstance, that it does not form in such a short time as the kisteine, and that, in place of disappearing, as this last, in a few days, it increases in thickness, and at last is converted into a mass of mouldiness. There exists, likewise, a very marked difference between its mucous aspect and that of kisteine—a difference which it is difficult to describe, but which is easily recognised.

Kisteine appears to exist in the urine from the first month of pregnancy till delivery. M. Rousseau has even recognised it in the urine of a few gravid animals.

University of Virginia. Dr. Howard.—Dr. Howard—formerly Professor of Obstetrics in the University of Maryland—has been appointed to the Chair of Medicine in the University of Virginia, vacated by the resignation of Dr. Griffith.

BOOKS RECEIVED.

From Professor T. R. Beck (the author).—Tables of the residence &c. of Medical Students in the different Medical Colleges, for a series of years.

From Professor Gibson (the author).—Sketches of prominent Surgeons of London and Paris, introductory to a course of Surgical lectures, by William Gibson, M. D., Professor of Surgery in the University of Pennsylvania, Senior Surgeon and Clinical Lecturer to the Philadelphia Hospital, &c. &c. delivered November, 1839, 8vo. pp. 17. Philad., 1839.

From Professor T. D. Mitchell (the author).—The Pains and Pleasures of a Medical Life: being an introductory to a course of Lectures on *Materia Medica* and Therapeutics. Session 1839–40. 8vo. pp. 24. Lexington, 1839.

From the Committee of Publication.—A Lecture introductory to the course of Surgery, in the Jefferson Medical College, of Philadelphia, for the Session of 1839–40. By Joseph Pancoast, M. D., Professor of the Institutes and Practice of Surgery, &c. &c. 8vo. pp. 16. Philad., 1839.

From the same.—Introductory lecture to the course of Institutes of Medicine and *Materia Medica* in Jefferson Medical College, of Philadelphia, for the Session of 1839–40. By Professor Dunglison. 8vo. pp. 20. Philad., 1839.

A report on the history and causes of the Strangers' or Yellow Fever of Charleston; read before the Board of Health. By Thomas Y. Simons, M. D., Chairman of the Board. 8vo. pp. 24. Charleston, 1839.

AMERICAN MEDICAL INTELLIGENCER.

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No. 18.

ART. I.—REPORT OF EXPERIMENTS ON THE ACTION OF THE HEART, &c.

BY C. W. PENNOCK, M. D., AND E. M. MOORE, M. D.

(Continued from page 269.)

Experiment 9th.—Experiencing great difficulty in analysing some of the movements and sounds of the heart in animals of the size upon which we had experimented, we resolved to inspect the heart of a horse, in which the pulse in health ranges from thirty to forty per minute. In this experiment we were assisted by Drs. Gerhard, Stewardson, Peace, Hardy, Fell, and Goddard, but to the latter gentleman especially we owe our thanks for the assistance rendered.

We found in the animal we had selected that the pulse was about thirty-six per minute, and respiration twenty-eight in the same time.

In order to prolong life, the trachea was opened before the blow was given. Immediately after the blow was struck, which was directed to the forehead, that the skull might be depressed upon the anterior lobes of the brain, the bellows-tube was introduced, and artificial respiration commenced. The skin was dissected back from the median line upon the thorax, the cartilages of the ribs sawn through upon the left side of the sternum, and several of the ribs cut off about one third of their whole length from their sternal extremity. On account of the hemorrhage, we were obliged to secure many arteries, and twenty-five minutes had elapsed from the time the blow was given until the heart was exposed. It presented the left ventricle, the appendix of the left auricle, and a portion of the right ventricle. The pulsations were one hundred per minute, but on account of its size we were enabled to observe the relative contraction of the auricle and ventricle, which we found to succeed each other as follows:—During the contraction of the ventricle the auricle dilates; at the expiration of the systole, the auricle contracts, and the diastole of the ventricle commences, the auricular contraction apparently occupying about one half the time of the ventricular diastole. During its systole, the left ventricle flattens and elongates. During its diastole it shortens, and assumes a rounded form. The sounds were detected, but not loud; the second not existing over the pulmonary artery, it heard over the body of the left ventricle.

Death arrested the further progress of the experiment, twenty minutes after the chest was opened. Dr. Moore coincides with the other gentlemen in reference to the relative contraction of the auricle and ventricle, and links his observation, in experiment 1st, erroneous.

Although every experiment had confirmed our views of the agency of the fibres of the aorta in the production of the second sound, we had heretofore relied in elevating them; we were also still doubtful respecting the relative

contraction of the auricle and ventricle, for, although the last experiment had appeared more satisfactory on this point than several of the preceding, yet, as life continued but a short time after opening the thorax, and as many circumstances unfavourable to clear and calm observation were connected with the experiment, we resolved to pursue the investigation of these obscure points, and to exhibit the facts that we had observed to a few medical friends.

Experiment 10th.—Present Drs. Gerhard, Goddard, Stewardson, Peace, Hardy, Pennock, and Moore. A ram, about six months old. Pulse, 96. Deprived of sensation by a blow upon the head, and opened as in experiment 1st. The heart contracted well, but exhibited great irritability when touched. Its pulsations rose to one hundred and fifty per minute, rendering it difficult to analyse the sounds; but the first sound and impulse was observed to coincide. The spiral motion and elongation were as heretofore detailed. While still contracting forcibly, the heart was removed from the body, and the first sound heard when entire, and also when both ventricles were cut open and emptied of blood.

Experiment 11th.—As the last experiment had not been very satisfactory, the same gentlemen being present, we pursued the investigation upon a calf, four weeks old. Pulse, 105. Both sounds distinctly heard through the chest. Struck upon the anterior portion of the cranium, and opened as before. The pericardium was left entire, to avoid the irritation of immediate contact with the heart. The stethoscope was placed alternately upon the aorta, the body of the right ventricle, and upon the septum, near the apex. Upon the aorta the second sound was found to predominate; upon the body of the right ventricle it was scarcely heard, and the first was present; and near the apex upon left ventricle, or septum, both were detected; the first, louder. The spiral motion, the elongation, and elevation of the apex as before observed. A hook was passed into the aorta by Dr. Moore, and one of the semilunar valves elevated; the eyes of the auscultator were closed, to prevent the possibility of bias from preconceived opinions. While in this position, the auscultator announced the absence of the second sound, and the accession of a rough bellows sound in the first sound. The hook was then withdrawn, and the second sound was declared to have returned. This experiment was tried twice by each, and by some three times in succession, and the results were uniform. No hook was passed into the pulmonary artery, inasmuch as no sound was heard over it at this time. The auricle contracted while in the hand, emptied of blood.

Experiment 12th.—A ram, six months old. Present Drs. Stillé, Hardy, Pennock, and Moore. Pulse, 96; respiration, 56. Animal struck upon forehead, as in the previous experiments, and artificial respiration established in three-fourths of a minute. During the opening of the chest much hemorrhage took place. The heart was at first tumultuous in its action, but became regular in a few minutes. The first and second sound were heard over the body of the right ventricle, but more feebly than over the left; both sounds were heard over the left ventricle and aorta, but the second louder than the first over the latter than over the former. Hooks were passed into the ventricle, for the purpose of keeping open the auriculo-ventricular valves. (These, however, failed of effecting the object, as seen upon examination afterwards.) The sounds gradually became more feeble as the heart congested, and the second sound ceased altogether, both over the heart and arteries, while the first still remained. The auricle was observed to contract over its entire surface, as much upon the body as upon the appendix. The contractions with reference to the ventricles were irregular at this time, except for a very short period, when they appeared to precede those of the ventricle immediately, recurring at the termination of repose. The heart contracted one hour after the blow was given.

Experiment 13th.—Wether, nine months old. This experiment failed on account of defect in the apparatus for maintaining respiration. As the

heart became more feeble, the auricle appeared to contract immediately antecedent to the systole of the ventricle, but owing to the circumstances attendant upon this experiment, we feel very uncertain as regards the observation.

Experiment 14th.—Ewe, nine months old. Struck as before. Trachea opened in half a minute. Chest opened in four minutes. Heart tumultuous. It gradually became more quiet, until it fell to 120, and contracted forcibly. The first sound alone was heard over the right ventricle and pulmonary artery. Pressure upon this artery produced a bellows sound in the first sound. The auricles were pushed into the auriculo-ventricular openings by the fingers. The first sound was thus rendered much more feeble, and lost its sharp character; the ventricles contracting imperfectly and irregularly.

Experiment 15th.—A calf, five days old; pulse, 126; respiration, 30. Sensation destroyed by a blow upon the head, as before. Artificial respiration established in two minutes and a half. The heart was exposed in six minutes, rather hurried in its action, but soon fell to one hundred and twenty pulsations per minute. The heart contracted with a moderate force. The second sound extremely feeble over the body of the right ventricle and pulmonary artery; but it soon disappeared over both. The sound was still heard over the left ventricle and aorta, louder over the latter. The auricle contracted with a quick motion, the contraction not being confined to the appendix, but extending over the whole body of the organ. As the heart became weaker, the pulsations were slower, and we were enabled to analyse the relative contractions of the auricle and ventricle much better than at any previous experiment. They evidently bore a different relation from what we had previously supposed. The succession is as follows:—First the auricle contracts and the action is immediately propagated to the ventricle, which contracts, instantly, accompanied with the diastole of the auricle; the diastole of the ventricle immediately follows, accompanied with a subsidence of the auricle by passive and not active contraction, which partially fills the ventricle; then follows the state of repose, at the termination of which, the auricle contracts. During the dilatation of the auricle, the vena cava also dilates, but it was difficult to say, whether the cava dilated during the contraction of the auricle or not, as the contraction of the latter was so rapid and so soon followed by the contraction of the ventricle. While still contracting, and when scarcely any sound was heard upon the ventricles, the stethoscope was applied to each auricle, and a sound similar to the first was heard, but very short, and more flapping, resembling very nearly the first sound of the foetal heart.

Experiment 16th.—A calf, two months old. Pulse, 90. Deprived of sensation as before. The chest was opened in eight minutes, and a few ribs removed from the left side. The heart pulsated slowly, and at a rate of 85 per minute; both sounds were distinct, but not loud. The second sound was heard more loudly over the pulmonary artery than on the right ventricle, the sound being but feeble in either position. Both sounds were heard upon the left ventricle. An instrument was introduced into the left ventricle, through the auricle, and the mitral valves prevented from collapsing; this produced congestion of the ventricle immediately, and the action became hurried and irregular. The stethoscope being applied to the left ventricle, the sound was not as loud and clear as before, but not modified in any other manner. The instrument was then withdrawn, and the sound became louder. The relative contractions of the auricles and ventricles were as in the last experiment.

The difference in the intensity of the first sound in this experiment, when the mitral valve was kept open and when allowed to close, may be attributed to the fact that there was no fixed point for the muscle of the ventricle to act upon, by the retention of the blood, and it therefore could not empty itself of its contents, and, of course, would not yield a strong sound.

From the preceding experiments we draw the following conclusions:—

1st. The impulse is synchronous with, and caused by, the ventricular contraction,—and when felt externally, arises from the striking of the apex of the heart against the thorax.

2d. The expulsion of the blood from the ventricles is effected by an approximation of the sides of the heart only, and not by a contraction of the apex towards the base; during the systole the heart performs a spiral movement, and becomes elongated. (Experiments 6th, 10th, and 11th.)

3d. The ventricle contracts and the auricle dilates at the same time, occupying about one half of the whole time required for contraction, diastole, and repose. Immediately at the termination of the systole of the ventricle, its diastole succeeds, occupying about one fourth of the whole time, synchronous with which the auricle diminishes, by emptying a portion of its blood in the ventricle, unaccompanied with muscular contraction. The remaining fourth is devoted to the repose of the ventricles, near the termination of which the auricle contracts actively, with a short, quick motion, thus distending the ventricles with an additional quantity of blood; this motion is propagated immediately to the ventricles, and their systole takes place, rendering their contractions almost continuous. (Experiments 15 and 16.)

4th. From the termination of their diastole to the commencement of their systole, the ventricles are in a state of perfect repose, their cavities remaining full, but not distended, while those of the auricles are partially so, during the whole time.

5th. The sounds are produced by the motions of the heart or its contents, and not by striking against the thorax, as proved in all the experiments; being much louder when the stethoscope was applied directly to the heart, than when to the chest, or with the lungs interposed.

6th. The sounds are more distinct when the muscle is thin, and contracts quickly. Hence the clear, flapping character of the first sound over the right ventricle, as compared with the left.

7th. The first sound, the impulse, and the ventricular systole are synchronous. This sound may be a combination of that caused by the contraction of the auricles, the flapping of the auriculo-ventricular valves, the rush of blood from the ventricles, and the sound of muscular contraction. From experiments 3d, 4th, 6th, and 10th, when the heart was removed from the body, the ventricles cut open and emptied of their contents, the auriculo-ventricular valves elevated, and a sound, resembling the first, still heard, it may be chiefly attributed to the muscular contraction. That these valves aid but slightly in its production, may also be inferred from experiment 16.

8th. The second sound is caused exclusively by the closure of the semilunar valves from the reaction of the arterial columns of blood upon them, in its tendency to regurgitate through the aortic and pulmonary orifices. This is proved by the greater intensity of this sound over the aorta than elsewhere, the blood having a strong tendency to return through the valvular opening; by the greater feebleness of the sound over the pulmonary artery, which is short, and soon distributes its blood through the lungs, thus producing but slight impulse upon the valves in the attempt to regurgitate; by the disappearance of the sound, when the heart becomes congested and contracts feebly; and, finally, on account of its entire extinction when the valve of the aorta was elevated.

9th. The second sound is synchronous with the diastole of the ventricle.

From these experiments, it will be seen that our conclusions coincide very nearly with those of the British physiologists,—the correctness of whose results, when compared with those of the French, may be mainly attributed to the use of larger animals. From our observations, calves, of from four to eight weeks old, are decidedly preferable to other quadrupeds for these investigations. The tenacity of life of calves of this age is greater than in older animals, whilst the cardiac pulsations are slower, and more

forcible than they are in the younger. The heart of this animal, too, is of large size, and the introduction of hooks for the elevation of the valves is readily effected.

The English and Irish physiologists enjoyed greater facilities in the slow and regular action of the heart, as induced by the woorara. Perhaps, at some future period, when this may be obtained, the investigations may be pursued, as other points of enquiry are offered.

C. W. PENNOCK,
E. M. MOORE.

Philadelphia, Nov. 2, 1839.

For the American Medical Intelligencer.

ART. II.—CASE OF DEATH FROM THE ACCIDENTAL ADMINISTRATION OF OPIUM, WITH AN ACCOUNT OF THE DISSECTION.

BY W. J. DUFFEE, M. D., OF MOYAMENSING.

The difficulty, which often arises from our want of accurate knowledge of the morbid appearances on dissection of those who die from the effects of narcotic poisons, has led me to publish this case—which, brief as it is, I hope may further the object I have in view.

On the 13th September, 1839, I was requested, by James Gregory, Coroner, to examine for him the body of Mary Ann Krumber, æt. 3 years, who had suddenly expired at Fairmount. I did so in the presence of his jury, and of Drs. Emanuel and Foster.

Appearances twenty-four hours after death.—No signs of putrefaction; body fat and muscular. Pupils very much dilated; superficial veins of the back and neck filled with dark-coloured blood.

The thorax being opened, the right lung was found to be distended and filling up that side of the chest; the left moderately so; and, in the upper lobe of the latter, there was a number of black spots, varying in size from a shilling to a half dollar.

Both lungs were congested, and crepitated to the touch; and, when cut into, blood escaped freely.

The right auricle of the heart, the aorta and pulmonary veins were filled with very dark fluid blood.

Abdomen.—Moderately distended; ileum slightly inflamed; from which we inferred, that a diarrhœa had existed for a short time before death. Stomach contained a good deal of farinaceous matter, and smelt faintly of opium.

Brain.—Vessels throughout were very much engorged; the medullary portion presented innumerable black spots. Ventricles contained about one dram of serum.

The inference drawn from the appearances was, that the child died from the effects of opium.

It appeared from the evidence before the jury, that the child had laboured for two or three days under a trifling bowel complaint, and that some friend had advised the mother to administer pægoric.

On going to a drug store she obtained from the person in attendance what she thought to be pægoric, of which she gave half a teaspoonful; when the little patient fell into a sleep, which was fatal in three hours' time.

The coroner, from the nature of the verdict, arrested the vender of the drug, who persisted in declaring that what he had sold was pægoric; but, at length, finding himself rather awkwardly situated, said he was sorry, and commenced shedding tears—that he was wrong in denying that it was laudanum he had sold, but that it was unintentionally done, as bottles of pæ-

goric and laudanum stood one over the other on the shelves, and that he did not ascertain his mistake until after the person had left the shop, and as he did not know where she lived he could not go after her, or he otherwise would have done so; also, that as death had taken place he had feared to acknowledge his blunder, lest he should be prosecuted. He was accordingly taken before Mayor Roach, before whom he obtained a private hearing. It being proved, that no malice existed, but that all took place by accident, and the parents urging their entire satisfaction as to his innocence, he was discharged with a few remarks from his honour.

W. J. DUFFEL.

Nov. 10, 1839.

For the American Medical Intelligencer.

ART. III.—PHILADELPHIA HOSPITAL.

DR. DUNGLISON, ATTENDING PHYSICIAN.

Case of Purpura Hemorrhagica. Reported by WILLIAM H. MCKEE,—at the time, Resident Physician.

Mary Ann K., aged 31; born in Ireland; single; habits temperate; has been an inmate of the Almshouse for one year—most of which time she has passed in the women's medical wards, lunatic asylum, and out wards. At the time of her first entrance, she was labouring under dysentery, which was soon cured. From the melancholia, which existed at the time of her entrance, continuing and evidently depending upon some religious hallucinations, she was transferred to the Woman's Lunatic Asylum, where she remained for some time, and was then discharged to the out wards. She is a catholic by birth, and belongs to the holy order. The greater portion of her time is spent in kneeling to the cross and counting a string of beads. It is difficult to get her to answer any interrogation as respects her anterior history, previous to entering the hospital, with the exception that she says she had not eaten a mouthful of animal food for better than three years.

May 25th. *Present state.*—She is of medium stature; has sandy hair; eyes of a hazel colour; very much emaciated, and evidently oligæmic; skin of a sallow appearance, cool and dry; pulse 90, small and soft; respiration 20; cephalalgia moderate; intelligence dull; tongue much larger than ordinary, and appears to be swollen, coated white; papillæ project beyond their normal size; gums soft and spongy, of a faint red colour, with a slight exudation of blood through the epithelium; breath very offensive; tenderness upon pressure in epigastrio and in right and left hypochondria; abdomen hard, and tender along the course of the colon; bowels constipated; urine scanty, though highly coloured; decubitus on left side and flexed; the feet and legs covered with purple spots and petechiæ from the size of a pin's head to that of the palm of the hand, but very few on any other part of the body. The left leg is largest and contains most of the vibices; both are quite tender to the touch.

ʒ. Magnes. ust. ʒi.; pulv. carb. lig. ʒii.; pulv. zing. grs. x. to be taken at once, and to be followed by a common enema in six hours afterwards.

26th.—Bowels opened three times; fæces of a black colour and very offensive. Says that she is weak. She was then put upon the following articles: ʒ. Quassia ʒss; rad. rhei. cont. ʒii.; sodæ bicarb. ʒii.; aqua bullient. Oj.; infuse for an hour and strain. Of this she was to take two ounces three times a day. Also, ten drops of the liq. ferri hydriodatis, three times a day, in conjunction with as good and nutritious a diet as she would take.

28th.—Bowels opened three times in forty-eight hours; stools as before; the exudation of blood from the mouth and gums has increased; pulse 95, small

and soft; skin cool; petechiæ rather increased; decubitus still on left side and flexed. Ordered tinct. creosot. ℥i.; aquæ, ℥vi. to gargle mouth, and a bottle of porter. She rejects all animal food, and will not eat any thing but arrow-root and milk, believing it to be a sin. A priest has since seen her, and tried to convince her of the false opinion which she had taken up. But so long has she persisted in this course, that she would not yield to his persuasions.

Treatment continued.

30th.—Says that she feels better. Bowels opened once; stools still black and offensive; hemorrhage from gums and mouth nearly ceased.

31st.—Infusion of quassia, &c. discontinued. Ordered quin. sulph. gr. i. four times a day.

June 1st.—Slept well: mouth and gums nearly healed; bowels disposed to be constipated; pulse 65, small and compressible. Ordered rhubarb and magnesia, to be followed by an enema. Bowels have been opened three times; stools continue black and offensive.

2d.—Skin warm; pulse 95, small and soft; mouth better. Appears more desponding, and still continues to hold the cross before her and to count the beads; she will not allow her finger or toe-nails to be cut, which are from a fourth to half an inch in length. Refuses to take animal food. Petechiæ as before.

4th.—Was ordered castor oil, ℥i., on the 3d, which operated twice; stools as before; mouth and gums appear quite well. Has eaten four eggs in addition to the milk and arrow-root. Looks better; skin rather cool; pulse 90, small and soft. Treatment to be continued, and to have six ounces of wine, and eggs, for diet.

9th.—Intelligence dull; answers questions reluctantly and indistinctly. Bowels have been regular until within a few days; at first constipated. Complains of pain in right hypochondrium. Ordered pil. cath. comp. iii. and to continue treatment.

10th.—Bowels opened four times; stools large and continue black and offensive. Says that she feels better. Will not take animal food, but eats freely of eggs and arrow-root. The quinine was now discontinued, and the acid. sulph. arom. gtt. x., three times a day, substituted. Her treatment now consists in the liq. fer. hydriod. and the aromatic sulph. acid, in conjunction with as full and nutritious a diet as she will take.

12th.¹—The compound cathartic pills were sent up again into the ward, and administered by the nurse without the knowledge of the physician. An enema was administered on last evening, which moved the bowels three times very freely. Stools now became rather green and not so offensive. Skin cool; pulse 100, and extremely feeble; respiration rather stertorous; mouth very much swollen, and a profuse discharge of saliva. She was salivated from the use of the second dose of the pills accidentally administered. Petechiæ somewhat diminished.

15th.—The former treatment has been continued, with the exception of the gargle of creosote, which has been added for the treatment of the pyalism. Bowels were opened last evening by means of an enema; stools a little darker than last, and more offensive; pulse 90, and small; pyalism very profuse; petechiæ have nearly all disappeared; skin cool; appetite bad. Continue treatment.

18th.—Bowels are opened every third day by an enema; stools more natural and less offensive; petechiæ as before; pyalism decreasing; skin improved in appearance, though cool; sleeps well. Her diet is of eggs and arrow-root. Continue treatment.

¹ At this time a change of wards in the institution occurred among the resident physicians. By the kindness of my friend, Dr. Wm. J. Webb, from Alabama, who succeeded me as senior resident physician, I was allowed the privilege of watching the case and noting the changes that took place throughout the duration of the disease.

She has continued to take the medicines prescribed as above during the greater portion of the time. Very little else was prescribed, with the exception of a change of gargles for the mouth. The salivation continued very profuse for three weeks. As this declined, her appetite began to improve; yet her bowels remained constipated, and had to be opened every third day by an enema. During the existence of the ptyalism, the petechiæ nearly disappeared, though the tenderness to the touch was equally as great.

Through the influence of the priest, she consented to have her nails cut. Her diet chiefly consisted of eggs, oatmeal gruel, arrow-root, &c. As the symptoms of the ptyalism declined, the petechiæ returned. The treatment was still persisted in, and as a further decline followed, and the tonic influence of the remedies were more decided, her appetite also increased. She asked if a salt herring would be allowed her, which was promptly complied with. This she seemed to relish very much, and continued to eat daily for some time, with tea or coffee for breakfast and supper.

After the full convalescence from the salivation, the petechiæ again began to decline. There were none to be found at any time upon any part of the body, except the legs and lower part of the abdomen; those on the abdomen soon disappearing. During the whole of the salivation the hemorrhage from the mouth and gums was very slight. From the softness and spongy condition of the gums, and the predisposition to hemorrhage, of course much danger was to be apprehended, though it happily terminated without any serious consequences. As her general health improved, she was at last prevailed upon to take mutton for dinner. From the time she commenced the animal food the change of convalescence was daily evident, and continued on so rapidly that she was discharged cured on the 1st of September, making the duration of the disease, from the time she entered the hospital, about fourteen weeks.

Remarks.—The pathology of this disease is involved in obscurity, as cases are met with that do not agree with the pathological solutions that have been presented. For the present acceptance of the term "purpura," the profession is indebted to Willan;¹ it was ranked by him under the order exanthemata.

"The term purpura, purpura hemorrhagica, and hemorrhæa petechialis, was formerly distinguished in medical writings by the designation of morbis maculosus hemorrhagicus, petechia sine febre, phænigmus petechialis."² Petechia³ is a symptom which has long been known in continued fevers, and other febrile diseases in which they have been supposed to indicate peculiar malignancy, as a name introduced into nosological language from their resemblance to flea-bites.

Purpura hemorrhagica is a much more formidable disease than any other variety. Considered as a hemorrhagic affection, it is a most interesting subject of pathological enquiry. It is characterised by nearly the same external appearance as purpura simplex. The hemorrhages are often very profuse, and sometimes there is a slow and almost incessant oozing of blood. The bleeding may occur from any part of the body, but it generally occurs from the gums, nostrils, throat, tongue, lips, and inside of the cheeks, and the lining membrane of the eyelids, the external ear, and urethra; also, from the lungs, stomach, bowels, uterus, kidneys, and bladder.

The predisposing and exciting causes of purpura have long been a subject of controversy; some contending that it is closely allied to scorbutus, others that it has no connection and is a separate and distinct affection. "In Dr. Blackall's work on Dropsy, several cases are related resembling land scurvy, two of which at least, are clearly cases of purpura. In both of these the urine was albuminous, and he states as his opinion that venesection would

¹ Willan on Cutaneous Diseases. Bateman's Synopsis, 3d edition.

² Bateman's Synopsis, 3d edition, and Cyclopædia of Practice of Medicine.

³ Cyclopædia, &c. article Fever, and Plümbe on Diseases of the Skin.

have been the appropriate remedy in the early stage, and perhaps a successful cure."

The urine was tested several times in the case reported above, and no coagulum by heat, nor albuminous precipitate formed with nitric acid. But in a case of purpura simplex, that occurred in a private part of the institution, which came under my care, there was a very large albuminous deposit. Venesection had been employed in the commencement of the disease, with evident constitutional disturbance. The patient soon recovered, from the use of mild purgatives, followed by tonics and chalybeates, in conjunction with a nutritious diet.

It is pretty well agreed by writers¹ that purpura chiefly occurs in individuals of delicate habit, or enfeebled by their occupation or mode of life.

Professor Dunglison, in his clinical observations on this case, ascribed it to the patient having restricted herself to one sort of food—vegetable—after having been accustomed to both animal and vegetable; and he laid down the position, that if an animal—omnivorous by habit—be confined to either animal or vegetable diet, his nutrition will fall off, and he will become scorbutic or purpuric. He referred to cases of disease in which purpura had been induced by such restriction, and alluded to certain experiments instituted by Magendie on dogs, in which impaired nutrition was induced by a like plan. At one time, scurvy, so common among mariners, was supposed to be dependent upon the use of highly salted meat used on long voyages;—the idea being, that there was something in the salted meat which acted as a cause; whereas the evil was produced by the exclusive use of one kind of diet by those who had been accustomed to both. This was prevented by the liberal allowance of lime-juice—an article exclusively vegetable in its character; so that scurvy is now a rare occurrence, as has been sufficiently proved during the long winters passed by the various arctic navigators.

The indications of treatment, the professor remarked, were clear,—to compel the patient to take animal food along with the vegetable, to prescribe tonics, and in short in every way to remove the oligæmia, by furnishing appropriate aliment, and arousing the nutritive functions to a more energetic action.

In scurvy, the primary changes are referred by Lind² "to a relaxation of the tone of the animal fibres, a weakening of the powers of digestion, together with a stoppage of perspiration, the tendency of which he admits was to produce spontaneous putrefaction, the process of nutrition being suspended."

Among the cases of purpura reported and published by Bateman, Willan, and Plumbe, there is one reported by Bateman³ that came on during an accidental salivation from a few grains of mercury, which terminated fatally. In the thirteen cases published by Plumbe,⁴ twelve were treated with mercurial purgatives, combined with jalap, or the extract of colocynth; three of which terminated fatally, the others promptly recovering. The thirteenth case was treated upon Willan's plan, strictly followed out, tonics and good living, but terminated fatally.

There is no regular time as to the termination of purpura; its duration may be from three weeks to twelve months or more. As respects the various and conflicting treatments recommended for its cure, it may be remarked, that very little reliance can be placed upon any one alone; attention must be paid to its cause or pathology.

W. H. MCKEE.

¹ Plumbe on Diseases of the Skin. Bateman's synopsis, 3d edition. Willan on Cutaneous Diseases.

² Lind on Scurvy, p. 234.

³ Bateman's Synopsis.

⁴ Plumbe on Diseases of the Skin.

ART. IV.—ON THE PRESERVATION OF SUBJECTS FOR ANATOMICAL PURPOSES.

BY B. G. BABINGTON, M. D., AND G. O. REES, M. D.¹

The difficulty which has existed in supplying the medical schools of London with subjects for dissection has made it an object of much importance, to discover a method by which human bodies may be preserved from putrefaction. This matter was more particularly brought to our notice last winter, when great inconvenience was felt by the students, not only of Guy's Hospital, but of every school in London, from the insufficient supply of subjects for dissection.

There are, it is true, many methods now in use of preserving animal matter; and the processes of tanning, salting, pickling, drying, smoking, freezing, are so many familiar examples of those methods; but they are all more or less inapplicable to the purposes of anatomical science: thus, tanning, smoking, and salting, wholly alter the appearance and texture of parts; the corrosive action of acids is injurious to the instruments employed in dissection; and immersion in ice, which might possibly be practised, under favourable circumstances, in preserving whole subjects, would, independently of its expense and inconvenience, fail of its effect, when once the student had begun his work. The only antiseptic which is free from the foregoing objections is a solution of alcohol. This, it must be admitted, answers well for museum preparations; but its powers are limited, and its injection into the blood vessels, even in its most concentrated form, will not materially retard decomposition: moreover, it destroys colour; and when employed in sufficient quantity to admit of the immersion of parts, is too costly for common use.

Some simple experiments of a purely practical nature, which we were induced to institute in consequence of the foregoing considerations, have led to a discovery, the application of which promises to remove one great obstacle to the study of a most important branch of medical education. Our attention was first directed to those chemical substances which were known to coagulate the blood; and we accordingly prepared strong solutions of the following metallic salts, viz. sulphate of zinc, sulphate of iron and diacetate of lead. We purposely stopped short of the point of saturation, from a belief that the great density of the fluid, in the case of salts so soluble, would impede its flow on injection. Infusion of galls was also adopted, from its powerful action in precipitating animal matters; and sugar, in the form of syrup, being well known to possess preservative qualities, we thought it worth while to make trial of its capabilities. With each of these fluids a rabbit was injected, from the aorta; and another rabbit, killed at the same time as those which were made the subject of experiment, was kept, for the sake of comparison. They were all exposed to the air, in an open court: being merely protected from the weather by enclosure in a wicker-basket, loosely covered with oil-cloth. At the end of three weeks, they had become putrid; and we could not perceive that, in any one instance, decomposition had been materially arrested. We were aware that arsenic and the bichloride of mercury both possessed considerable antiseptic powers. A solution of the former had indeed been tried with success at Guy's Hospital, in the previous year; but the poisonous qualities of these substances rendered them, in our opinion, as well as in that of others more nearly interested in their employment, decidedly objectionable.

The total failure of our attempts had nearly discouraged us from proceeding further, when it occurred to us that the preservative powers which exist in certain hydrocarbonous fluids offered some probability that they might be turned to account in the prosecution of our object. Creosote and pyroxylic spirit more especially attracted our attention; and as the former was too

¹ Guy's Hospital Reports, No. IX. Oct. 1839, p. 442.

expensive to admit of its being advantageously used alone, we combined it with thrice its bulk of solution of gum-arabic. Two rabbits were injected; the one with pyroxylic spirit, the other with this mixture; and exposed to air, with protection from the weather, precisely in the same manner as was practised in the former experiments. At the end of two months, from the 30th of November, when the injection was performed, these rabbits were examined at Guy's Hospital, and declared, by all who saw them opened, to be as perfectly free from putridity and as fit for all the purposes of dissection as on the day when they were killed. It should be stated, that in these instances, as well as in the experiment with infusion of galls, a portion of fluid was injected *per anum*.

Having thus far perfectly succeeded, we resolved to obtain permission from the hospital authorities to make a direct experiment on the human subject, as soon as the weather became warm enough to test our method with sufficient severity. In the course of the spring, we were permitted to avail ourselves of the following opportunity.

On the 15th of May last, a convict at Woolwich, 23 years of age, died of inflammation of the bowels; and, on the 18th, his body was sent, by order of the Inspector of Anatomy, to Guy's Hospital, for dissection. It was neither œdematous, nor in a state of decomposition; and although the integument was somewhat fat, it was, upon the whole, in a fair condition for anatomical purposes. On the 21st, a gallon of pyroxylic spirit was injected into the aorta; and the body was placed in a water-tight shell, or trough, made of slate, and loosely covered with a wooden lid. This trough was deposited in a cellar, the stone floor of which was about two feet below the surface of the ground. On the 29th, the lid was removed, for the first time, and the body was found to be perfectly fresh. On this occasion, the flesh of the extremities was remarked to have become somewhat firmer than when the injection was first made. From the 29th of May to the 12th of June, the subject was examined, by removing the lid of the trough every two or three days; and no change was perceptible until the latter date. At that time, the only sign of alteration was the appearance of two or three brown streaks—evidently veins—on the inside of the thighs; and a separation of the cuticle of the hands from the true skin, which began to assume a greenish hue. Every other part of the body was perfectly preserved, and of natural colour. There was no putrid odour on opening the lid of the trough, but the characteristic smell of the pyroxylic spirit was in some measure passing off. An incision into the middle of the right thigh, such as would be made in operating for popliteal aneurism, showed that the fat, muscles, blood vessels and nerves were in a complete state of preservation. It should be observed, that ever since the injection of the the subject the weather had been that of established summer; and that a second body, received from Woolwich, was so decomposed in three days after its arrival as to be totally unfit for dissection. On the last examination, as well as on two or three previous occasions, fluid was observed to occupy the bottom of the trough, and this it was thought advisable to remove: it was likewise determined to throw another quart of pyroxylic spirit into the aorta.

On the 24th of June, the body was removed to the dissecting-room, and placed on the table, for the purpose of being thoroughly dissected. With the exception of a greenish appearance on the outer part of the left thigh, and the brown streaks already mentioned, it appeared, when brought into the light, perfectly preserved. The skin on the back of the hands, instead of putrifying, had dried and become transparent; while the greenness of the left thigh proved, on incision, to be quite superficial. The dissection was undertaken by eight gentlemen, and completed by the 13th of July; and it is testified by them all, that every anatomical purpose was as fully answered as if the subject had been quite recent. The various parts, on being laid open, were of natural colour and of firm texture. The tendons and ligaments were silvery and white, and the nerves had lost none of their tenacity.

The pectoral muscles alone formed an exception to the natural colour which was elsewhere maintained : this appeared to be attributable to the macerating effects of a wetted cloth that had been laid upon the breast, to prevent evaporation through the aperture by which the injection had been accomplished. The parts which were exposed by dissection gradually dried ; changing, in the course of a day or two, to a dark colour, and, instead of putrefying, becoming hard. The brain, although it had retained its form, was soft, semi-putrid and unfit for demonstration : it must be borne in mind, however, that had the head been opened six days after death—at which period the subject was injected—this probably would have been the case. With the above exception, the viscera were all perfectly preserved : in proof of which, one of the kidneys, appearing, in colour and consistence, quite recent, was removed in the beginning of July, and, after maceration, in warm water, in the usual manner, was injected with wax. This experiment was made in order to ascertain whether the spirit produced thickening, or any other alteration, in the inner coat of the blood vessels ; which was found not to be the case, as the wax had fully penetrated the tissues of the organ.

Of the gentlemen engaged in the dissection of this subject, one complained that he at first suffered headach from the odour which it exhaled ; and some, who were not so engaged, considered this to be more disagreeable than that of putridity. The same opinion is sometimes expressed with respect to the odour of parts that have been macerated in spirit of wine. Some allowance in favour of the pyroxylic spirit should be made on the score of novelty ; and since its vapour is not poisonous nor injurious, any more than that of spirit of wine, it is to be presumed that the student would soon become accustomed and reconciled to it. In a first trial, upon the human subject, of the antiseptic powers of this fluid, a natural desire existed, on our parts, of watching its progress, and of noting such changes as might gradually occur. This led to the necessity of opening frequently the lid of the trough : and it has already been remarked, that this by no means accurately fitted the trough itself. The pyroxylic spirit being of a very volatile nature, it is obvious that its preservative qualities were much diminished by this proceeding. It is, therefore, not too much to expect that in an air-tight vessel a subject thus prepared would not exhibit even those superficial changes which took place in this instance, and would be preserved for an indefinite period.

The advantages of employing pyroxylic spirit are, 1st, its extreme fluidity, in consequence of which it may be thrown into the minutest vessels. 2dly, its freedom from colour. 3dly, its cheapness ; for a gallon is sufficient to inject a full-sized subject : and even with the present limited manufacture of it, it is only half the price of alcohol ; while it possesses infinitely greater antiseptic powers, and is, in common with that fluid, miscible with water, in all proportions. 4thly, its innocuous nature, and its freedom from any corrosive action upon steel instruments. We are not aware that there is any material disadvantage in its employment : the odour, it must be admitted, is more or less disagreeable to different individuals, but not so much so, to the generality of persons, as that of the putridity which it serves to prevent. Of this fluid, which must not be confounded with pyro-ligneous acid, or with pyro-acetic spirit, a full account may be found in the "Annals of Philosophy," N. S. viii. 69. That which we employed was procured from Morson's, in Southampton Row ; and it may be had from any operative chemist.

BIBLIOGRAPHICAL NOTICES.

Dr. Pancoast's and Dr. Dunglison's¹ Introductory Lectures.

Of the latter of these lectures we are obviously prevented from speaking, farther than to mention its objects, which were, mainly, to inculcate the importance of studying the principles of the science in an appropriate manner; and to encourage the student at the commencement of his attendance upon lectures.

Nor do we feel entirely unembarrassed in expressing our sentiments of Professor Pancoast's discourse,—standing, as we do, in the relation of one of his colleagues. It might be presumed, indeed, by those who are apt to ascribe improper motives to encomiums passed under such circumstances, that they were matters of course. We have, however, endeavoured, on all occasions to speak of the productions of authors as they deserve; and although we may unconsciously have been biased by amicable feelings to estimate perhaps too highly the productions of friends, we feel quite certain that no circumstances have ever induced us to depreciate the labours of those who have been personally unknown to us.

The introductory—initiatory—discourse of Dr. Pancoast is what such a discourse ought to be: dignified, but modest; indicating the ample qualifications of the Professor of surgery; and an earnest of the entire satisfaction which he has since given and is still giving, to one of the most attentive classes of students that have ever been within the walls of any institution.

Dr. Warrington's Nurse's Guide.²

This is an unpretending little volume, written with philanthropic views by one whose attention has been largely directed to the subject, and who is fully competent to the duty. Dr. Warrington is not unknown to our readers. We have more than once had occasion to refer to his contributions to obstetrics, and to the zeal and energy which he displays as a teacher and investigator of his favourite branch; and we cannot doubt, that if he can prevail on those for whose perusal the work before us is especially intended, to study it, he will render an essential service by enlightening those whose unskilful acts are often followed by most serious consequences.

¹ A Lecture Introductory to the Course of Surgery in the Jefferson Medical College, of Philadelphia, for the Session of 1839-40. By Joseph Pancoast, M. D., Professor of the Institutes of Surgery in Jefferson Medical College, one of the Surgeons to the Philadelphia Hospital, one of the Physicians to the Institution for the Deaf and Dumb, Fellow of the College of Physicians, &c. &c., published by the Members of the Class. 8vo, pp. 16. Philad., 1839.

² Introductory Lecture to the Course of Institutes of Medicine and Materia Medica, in Jefferson Medical College, of Philadelphia, for the Session of 1839-40. By Professor Dunglison. (Published by the Members of the Class.) 8vo, pp. 20. Philadelphia, 1839.

³ The Nurse's Guide, containing a series of instructions to females who wish to engage in the important business of nursing mother and child in the lying-in chamber. By J. Warrington, M. D., Lecturer in Practical Obstetrics, Accoucheur to the Philadelphia Dispensary, and Philadelphia Nurse Charity, &c. &c. 12mo, pp. 131. Philadelphia, 1839.

MISCELLANEOUS NOTICES.

On the Medical Use of Alum in Diseases of the Heart. By Dr. SCHLESIER.—In this short paper, Dr. Schlesier calls attention to the great benefit derived from the internal use of alum in dyspepsia, and also and especially in dilatation of the heart. He quotes the case of a girl, aged 10, whose heart was so much dilated, that her case had been considered hopeless; but whom he succeeded in curing by the prolonged exhibition of alum. The stroke of the heart was perceptible over all the left side to the fourth false rib, and its motion appeared to the eye in the intercostal spaces like a rolling wave. The sternum and ribs of the left side were drawn upwards; the respiration was short and hurried, and accompanied by a short dry cough, and considerable dyspnoea; the pulse was about 100, soft and small, and the child was emaciated and pale. In this state alum was ordered, in combination with rhatany and digitalis, and its effects were truly wonderful. The apex of the heart became weekly more elevated, and the stroke of the heart more limited in extent, whilst the general condition of the patient improved so much that in four weeks she could be removed home. The treatment was continued for a considerable time with great benefit; but still a slight degree of dilatation remained, and the heart was easily affected by exercise and mental emotions.

[The auscultatory diagnosis of the disease ought to have been given, as also the dose of the remedy.]—*Medicinishe Zeitung*, No. xlvii. 1838.¹

Clinical Experiments on the Emetic and Sudorific Properties of the Hydrated Sulphuret of Antimony, with excess of Sulphur. (Berzelius.) By M. A. TOULMOUCHE, M. D.—From a series of experiments, of which the individual results are given in a table, M. Toulmouche draws the following conclusion on the properties of this salt.

1. This preparation of antimony acts with greater certainty as an emetic, when given in doses of one or two grains, than when exhibited in larger quantities.

2. It induces vomiting in smaller doses, than kermes.

3. Its emetic action, although less uncertain than that of kermes, is still far from sure, inasmuch as it is only developed in somewhat more than half the cases of its administration.

4. It acts much less frequently as a purgative than as an emetic; whereas the contrary is true of kermes.

5. Like the last-named compound, it may be given with impunity in large doses, and in other affections besides rheumatism and pneumonia; in these cases its emetic and purgative effects appear to diminish in proportion to the increase of the dose.

6. The sudorific properties attributed to it by writers on materia medica are by no means incontestable; in 102 cases of its exhibition it acted on the skin thirteen times only.—*Gazette Médicale de Paris*, No. xiv. Avril, 1839.²

Statistics of Tracheotomy.—Since the introduction of tracheotomy in croupal affections into France, there has, doubtless, been reason to deplore a great number of failures; it may be presumed, however, that one of the chief reasons of its insufficiency depends on the delay and the obstacles that are generally thrown in the way of its performance. The following are the results which the different most celebrated operators have by their own

¹ Brit. and For. Med. Review, Oct. 1839, p. 556.

² Ibid. p. 557.

declarations, in a late discussion at the Royal Academy of Medicine in Paris, obtained.

	Operations.	Cures.	Deaths.
M. Amussat,	6	0	6
Baudelocque,	15	0	15
Blandin,	5	0	5
Brettonneau,	18	4	14
Gerdy,	6	4	2
Roux,	4	0	4
Trousseau,	80	20	60
Velpeau,	6	0	6
	140	28	112

So that, of 140 patients operated on, 28 only have been cured, and 112 have died.—*Journal des Connais. Méd.* Juin, 1839.¹

On the Superiority of M. Reynaud's Operation for Circocèle. By M. JULES ROUX, M. D.—M. Reynaud takes, with both his hands, the spermatic cord of the diseased side; he isolates and pushes inwards towards the root of the penis the vas deferens, whose hardness distinguishes it from the vessels and nerves of the testicle; pinching then the scrotum with the forefinger and thumb of the left hand, so as to embrace the spermatic vessels and nerves, he passes through the base of the fold thus formed, a curved needle, with waxed thread. The scrotum then let go, there remains, between the entrance and exit of the needle, an interval of about an inch; upon this interval is placed a thick cylinder of lint, but not very long; and the two ends of the ligature brought together over it, and tied by a *bow-knot*, so as to admit of untying or relaxing, should it become necessary, to diminish its pressure. Small pledgets, with cerate, are put upon the punctures: no bandage is necessary to keep them, but a simple compress is placed over all. The patient remains in bed, with the scrotum on a cushion, and is treated with diluents and lavements. A few days after, inflammation round the ligature takes place, ordinarily slight, and not preventing a tighter tie of the contained parts. If, however, the inflammation be violent, or the pain excessive, M. R. unties and slackens the ligature, reduces the inflammation, and again reties it; which occupies about two or three days' time. As the soft parts become divided, the ligature is tied again with more pressure. Towards the fifteenth or eighteenth day, the nerves and vessels of the testicle have been divided, and there remains only the skin to be cut. M. Reynaud now passes a directory in the line of the thread, and divides the skin with a bistoury. A simple wound succeeds to this incision, and quickly cicatrises; so that, in about twenty-five days from the commencement of the operation, the patient is ordinarily cured. Two cases have been successfully treated in this manner by M. Reynaud.²—*Journ. des Con. Méd.* No. V. Feb. 1829.

Case of Difficult Delivery of Twins which were united by the Breast. By the Berg-chirurgus Rath of Zellerfeld.³ (From the *Archiv. der Harzer Chirurgen-Verein.*)—The patient was turned forty years of age; mother of several children. She had passed the first half of her pregnancy in perfect health: but during the last few weeks before labour, complained of constant cramps and much pain from the movements of the child. Shortly after the os uteri was dilated, the pains subsided; and although they were again excited by the ergot, they had no effect in forwarding the labour. The forceps was now applied, and the head brought down as far as the os

¹ Brit. and For. Med. Review, Oct. 1839, p. 558.

² Ibid. p. 559.

³ Ibid. p. 568.

externum, but beyond this it was impossible to move it; and on farther examination, a second head was found behind the first in the pelvic cavity. The patient was much exhausted, the abdomen tympanitic, very pendulous, and acutely painful; the external parts much swollen. A prolapsed umbilical cord was felt beating at the lower and posterior part of the vagina; but the patient had not felt any movement for some time. As there was no doubt that the first child was dead, and that it was an insurmountable obstacle to the delivery of the other, which might still be alive, and also increased the patient's danger, by protracting the labour, the head was separated from the body with some difficulty, owing to the closeness with which it was embraced by the external parts. It was effected by means of a gum-lancet, which the author considers to be an excellent instrument for the purpose. The second head could now be reached with the forceps, and was brought down as far as the chin and nape of the neck; but another obstacle now showed itself: after repeated examinations it was ascertained that the children were united by the breast, and that one had its back to the pubes, the other to the sacrum. The author endeavoured to give them such a direction that they should be in the longest diameter of the pelvis, by which means he succeeded in bringing them down as far as the shoulders. Having carefully disengaged the arms, and turned the children again into the antero-posterior diameter, and having fixed a blunt hook upon the band which united them, he gave it to an assistant, and then, with a fore-finger in the axilla of each child, he completed the delivery. Considerable hemorrhage required the speedy removal of the placenta, and the uterus now contracted. The children (two girls) weighed 15 lbs.; they were 17 inches long. The part by which they were united was 9 inches long and 3 broad, and extended from the upper extremity of the sternum to the navel, into which one umbilical cord, which was common to both, entered. The diameter of the two children, when laid close together, was between 7 and 8 inches, from back to the other. One child had two thumbs on the right hand. The cord was 19 inches long, and unusually thick. After suffering some time from peritonitis, &c. the patient recovered.—*Siebold's Journal*. B. 17. Heft ii. 1838.

Morton's *Crania Americana*.

We are happy to announce the receipt from the author of a copy of this splendid work, to the expected appearance of which we have more than once referred. We shall notice it in our next number.

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For the American Medical Intelligencer,

ART. I.—PHILADELPHIA HOSPITAL.

DR. DUNGLISON, ATTENDING PHYSICIAN.

Case of Typhoid Fever. Reported by J. B. COTTMAN, M. D., Senior Resident Physician.

Margaret Morton, æt. 22; servant; born in Trenton, New Jersey, has been married five years; was confined in the obstetrical ward of this institution with her first child four years ago; enjoyed good health until the 8th of August, 1839, when she was taken with pain in her head, chest, and back; felt so weak in her knees that she could scarcely walk, (was then living at the inclined plane on the Columbia Railroad;) remained in this state until Sunday, August 11th, when she was brought to the hospital.

State.—Face slightly flushed; pulse a little excited; says she has diarrhœa; no pain on pressure over abdomen. Ordered

℞. Olei ricini, ℥ij.
Tr. opii, gtt x.

12th.—The nurse reports that she has been up only twice within the last twenty-four hours; evacuations of good consistence; pulse somewhat excited; skin warm and dry; thirst. Ordered ice internally and to the head; milk diet.

14th.—Dr. Dunglison saw her at his visit to-day; found her pulse very frequent; tongue coated with a yellow fur; skin hot and dry; bowels have been open once in the twenty-four hours for the last two days. Ordered

Pulv. ipecac. grs. xv. Statim.

Continue other treatment.

15th.—Medicine vomited her very freely; commenced purging at night; to-day her bowels have been open ten or fifteen times; evacuations bloody; pain on pressure over the abdomen; pulse frequent; skin hot and dry; tongue somewhat cleaner.

℞. Hyd. chlorid. mit. gr. i.
Pulv. opii, gr. ʒ:—ter in die.

16th.—Bowels open less frequently—eight or ten times in the twenty-four hours; stools still contain some blood; other symptoms the same as yesterday.

Continue treatment.

17th.—Fever very high; skin hot and dry; pulse 120, quick and irritable; cephalalgia; meteorism; anorexia; great tenderness on pressure over the epigastric region; diarrhœa still continues.

℞. Olei ricini, ℥ij. Statim.
℞. Mist. efferves. ℥vi. Capt. ℥ss. q. h. rec.

Cucurbitulae cruentæ, No. VI. epigastrico.

Ice internally and kept constantly applied to head.

19th.—Mouth affected by the calomel; gums red and swollen; face flushed; skin hot and dry; pulse 110, irritable; pain on pressure over the abdomen. Discontinue calomel and opium; commence with the following

℞. Pulv. ipecac. comp. grs. ij. quater in die.

Continue other treatment.

8 o'clock, P. M.—Increase of cerebral symptoms; dulness of hearing; tinnitus; intellect dull; increase of fever; skin hot and dry; thirst; complains of pain in head; skin of head very hot; pulse frequent.

Cucurbitulae cruentæ, No. VI. nuclæ.

Felt much relief from the cups; fell asleep immediately after, and slept well all night; found her asleep at 12 o'clock next day.

21st.—Yesterday evening complained very much of pain in head, dryness of mouth, thirst; intelligence dull; rose-coloured spots very distinct over the abdomen, a few on the thorax; face flushed; skin hot and dry; pulse 120; complains of pains in abdomen, with tenderness, more especially at epigastrium.

Emp. episas. 6×6 epigastrico.

Blistered surface to be dressed with the following ointment:—

Ung. hydrarg. fort. ℥i.

Morph. sulph. grs. v.

Apply a mustard cataplasm to lower part of abdomen. Continue Dover's powders.

22d.—Slept well; appearance rather improved; drowsy; dulness of intellect; answers questions slowly; yesterday, in an effort at vomiting, felt something "give way" in the right side of her head: since then has been very deaf in the right ear, and complains of much pain; pulse 100, regular; skin cooler; bowels open twice this morning; evacuations scanty.

Continue treatment.

23d.—Slept well; this morning is very dull and stupid; answers questions very imperfectly; pupils contracted; tongue coated with a brown fur; pulse 80, intermittent; action of heart irregular, remits every third beat; skin hot and dry; lost three or four ounces of blood to-day by epistaxis, with apparent relief of the cerebral symptoms; bowels have not been open to-day.

Emp. episas. 3×2 No. II. behind the ears.

An enema of warm water: Continue ice. Discontinue Dover's powders.

24th.—Slept none; very restless, constantly tossing about the bed, moaning and crying aloud; face flushed; pupils contracted; intelligence dull; does not answer questions, but seems to understand; tongue cleaner; papillæ at the tip elevated. Blisters did not draw well; dressed with the ung. hydrarg. Bled freely from the nose during the night; pulse 88, intermittent—in the course of an hour it rose to 120, full, though compressible; face became very much flushed; skin was hot and dry; patient delirious.

Apply thirty American leeches to temples and behind the ears.

Continue other treatment.

25th.—Slept none during the night—a few hours this morning; at present remains quiet; pulse frequent and full, regular; pupils contracted; tongue clean; answers no questions, and appears scarcely to comprehend them; bowels open twice to-day: in the afternoon her face became very much flushed; eyes suffused; pulse more frequent; skin hot and dry. Ice was applied freely to the head, and the other treatment continued.

26th.—Slept none, constantly tossing about the bed throughout the night—has slept three hours this morning; pupils contracted; tongue dry; at

spiration easy; skin warm and slightly perspirable; pulse 144, full; skin of head and feet hot; slight subsultus; delirious; voice very much altered, shrill. Cucurbitulæ cruentæ, No. IV. nuchæ.

℞. Olei ricini, ℥ij. statim.

27th.—Slept none; very delirious all night; constant jactitation; expression wild; face very much distorted, expressive of pain; does not answer questions; subsultus tendinum; skin of natural temperature; tongue dry, covered with small ulcerations about the tip; complete anorexia; pulse 120, compressible; diarrhœa slight; three evacuations in twenty-four hours, containing shreds, very offensive.

℞. Ol. terebinth. ℥ss.

Muc. lini. ℥vss. pro enemate.

Ice to be kept constantly applied to the head; mustard cataplasms to abdomen and legs; blistered surfaces to be dressed with the ung. hydrarg.

28th.—Slept five hours; very much improved; expression better; more intelligent; asks for food; answers questions; very deaf; no subsultus; tongue moist, tip diphtheritic; respiration easy; slight cough; temperature of skin natural; pulse 102, regular; epistaxis during the night; four stools in twenty-four hours, yellow, contain no shreds, less offensive; had two stimulating injections last night—one to-day. Continue treatment.

29th.—Slept well last night; improved in every respect to-day. Continue treatment.

31st.—Slept well on the night of the 29th, with manifest improvement the next day; slept very little last night; slightly delirious to-day; still very deaf; tongue moist, cleaner, no ulcerations; slight bronchitis; some cough; less tenderness on pressure over region of abdomen; bowels open three times in twenty-four hours, consistence good, natural.

Continue ice internally, and a common injection instead of the stimulating one; discontinue cold applications to head; gruel.

September 1st.—Slept well until about 4 o'clock this morning, then became wakeful, and tossed about the bed; moaned much; slightly delirious to-day; skin hot and dry; the rose-coloured spots have entirely disappeared from the abdomen and chest, and been replaced by numerous sudamina.

Ice to head. Continue other treatment.

2d.—Sleep disturbed during the night—has slept, however, some to-day; expression rather wild; eyes very prominent; skin warm; pulse 100; bowels open once in twenty-four hours. Continue treatment.

3d.—Slept well; improved; skin natural; pulse 100, regular. Treatment the same.

6th.—Patient has been doing well since last date. Convalescent; allowed ice internally, and a better diet; discontinue all other remedies.

10th.—Still improving; sudamina have almost entirely disappeared; spleen felt very distinctly; tongue clean; bowels kept open once in the twenty-four hours by means of small doses of castor oil.

15th.—Patient able to sit up; hears much better; appearance much improved; appetite good; allowed a mild and unstimulating diet.

Oct. 2d.—Quite well. Discharged cured.

This case is interesting, as it presented all the symptoms of typhoid fever so well marked; not only those phenomena which have always been ranked with the symptoms of fever, such as the temperature, state of the tongue and pulse, but those which have more recently been considered to mark a peculiar form of fever, namely, *meteorism, rose spots on the abdomen, sudamina and enlargement of the spleen.*

ART. II.—DEATHS BY POISON.

[We copy the following interesting article from a recent number of a British periodical.]

We have before us a report made to the house of commons at the instance of Sir Robert Inglis, and ordered to be printed on the 27th of August in the present year. It is entitled, "Returns from the Coroners of England and Wales of all inquisitions held by them during the years 1837 and 1838, in Cases where Death was found, by verdict of Jury, to have been caused by Poison." This report is fraught with deep and melancholy interest; and considering that the public may be benefited by an extended publication of its contents, we have with considerable care and labour reduced the returns into a compact and popular shape, to adapt them to our columns.

We regret, first, that the returns are not complete, some coroners having neglected to comply with the request of the commons; and, second, that the coroners who have made returns, have, in many instances, omitted particulars of great moment. We have endeavoured, however, to make the best of the imperfect materials before us.

We have classed the deaths under the various descriptions of poison by which they were caused.

<i>Arsenic.</i>	184	and disordered in mind and body,	1
Taken by a girl disappointed in love,	1	By men, through reduced circumstances, pecuniary embarrassments, &c.	6
By a girl, in a fit of passion,	1	Taken through drunkenness,	12
By a girl, in a fit of jealousy,	1	By a farmer and innkeeper, who, having had a handsome legacy left to him, spent it in riotous living, got into debt, and took poison to escape his creditors,	1
By a girl who had robbed her master's son,	1	Through poverty,	3
By a girl, seduced and deserted by a married man,	1	Through despondency,	1
By a girl, subject to fits and despondency,	1	In lunacy,	52
By pregnant girls, to destroy themselves,	5	In food, by accident,	7
By a pregnant girl, to procure abortion,	1	In mistake, by young people, in food prepared for vermin,	5
By a pregnant girl, deserted by her lover, who was suspected to have procured her the poison,	1	In mistake, by a married woman, who, having mixed it with oat-meal for vermin, was innocently supplied by her husband with food prepared from the mixture,	1
By a pregnant girl—how or by whom administered not known,	1	By accident, the deceased having tobacco and arsenic loose in the same pocket,	1
By a wife, separated from her husband,	1	In mistake for cream of sulphur,	1
By a young woman, married unhappily, and separated from her husband,	1	Administered to a child in mistake for magnesia,	1
By a cook-maid, distressed by the death of a friend,	1	Queen's cordial,	1
By an insane mother and two children—administered by the former,	3	Taken inadvertently, in various ways,	3
By five children, to whom it was administered by an insane mother,	5	Administered wilfully,	5
By a man, embarrassed by debt,		How administered not known,	2
		Felo de se,	20

Taken without cause assigned in the report,	36	Through loss of situation,	1
<i>Opium</i> ,	42	Wilfully administered,	2
Overdose, taken by adults in ignorance,	11	How administered not known,	3
Overdose, administered to children by mothers and nurses,	9	Felo de se,	4
Administered to a child in mistake for other medicine,	1	No cause assigned, &c.	14
Supplied by a deaf druggist for manna; and administered to a child by an ignorant nurse,	1	<i>Cough Syrup</i> ,	1
Administered to a child, found dead in the Trent, extensively bruised (the poison and the wounds both sufficient to account for death),	1	Overdose, given by a mother to her child,	1
Taken by a child in ignorance,	1	<i>Syrup of Poppies</i> ,	5
Taken through drunkenness,	2	Overdose, administered to children by mothers and nurses,	5
Through lunacy,	9	<i>Godfrey's Cordial</i> ,	12
How administered not known;	1	Overdose, administered to children by mothers and nurses,	10
Felo de se,	2	Administered to children by mistake for syrup of rhubarb,	2
Taken without cause assigned, &c.	5	<i>Infant's Mixture</i> , (most probably preparation of opium,)	1
<i>Laudanum</i> ,	133	Overdose, given by a mother to her child,	1
Administered by mistake,	2	<i>Morison's pills</i> ,	1
— for antimonial wine,	1	Taken as a medicine,	1
— for paregoric,	2	<i>Tartar emetic</i> ,	2
— for Godfrey's cordial,	2	Three drams, taken to cure ague,	1
— for syrup of buckthorn,	1	Overdose, given to an infant,	1
— for tincture of rhubarb,	4	<i>Colchicum</i> ,	3
Sold at a druggist's for antimonial wine—the druggist not bred to his trade, and kept two shop-girls, one of whom (the coroner ascertained) gave twice as much laudanum for a penny as the other,	1	Overdose, taken for the gout,	1
Taken by adults as medicine,	11	Taken as medicine,	2
An overdose, taken by a drunken surgeon,	1	<i>Mixture for vermin</i> ,	2
Taken by mistake for a surgeon's draught,	1	Taken by children within whose reach it was left,	2
Administered to children in mistake,	2	<i>Hellebore</i> ,	1
Drunk by a child, within whose reach the phial had been left,	1	Taken by a "temporary lunatic,"	1
Given by a child to an infant, to allay coughing in the mother's absence,	1	<i>Mercury</i> ,	2
Overdose to infants by mothers and nurses,	26	Taken by a "temporary lunatic"	1
Taken inadvertently,	7	Felo de se,	1
Through despondency,	4	<i>Bichromite of potash</i> ,	1
Through drunkenness,	9	Eaten ignorantly by a child,	1
Through dissolute conduct,	1	<i>Aquafortis</i> ;	2
Through lunacy, induced by want,	2	Drunk by a child, within whose reach it was left,	1
Through lunacy from various causes,	30	Taken in temporary lunacy,	1
		<i>Oxalic acid</i> ,	19
		Taken by a woman, who had quarrelled with her husband,	1
		By a person of defective intellect,	1
		Through lunacy,	8
		Through drunkenness,	1
		Through want of employment,	1
		By a young woman, on the emigration of her brother,	1
		By a child, within whose reach it was left,	1
		Without cause assigned,	5
		* It is singular, that nearly the whole of the cases of poisoning by oxalic acid occurred in Middlesex.	
		<i>Nitrate of silver</i> ,	1
		By a child (swallowed percussion caps),	1

<i>Castor-oil seeds</i> ,	1	<i>Medicine</i> ,	1
Taken inadvertently,	1	Administered to an infant—intended for an adult,	1
<i>Fungus</i> ,	4	<i>Muriate of tin</i> ,	1
Eaten for mushrooms,	4	Taken by a child in mistake for vinegar,	1
<i>Rum</i> ,	1	<i>Cantharides</i> ,	1
Ignorantly given to a child for inflammation of the bowels,	1	An embrocation, containing tincture of cantharides, administered to a child in mistake,	1
<i>Extract of lead</i> ,	1	<i>Laudanum and aquafortis</i> ,	1
Found in solution by a woman, and given to a child in mistake for ginger-wine,	1	Lunacy,	1
<i>Essential oil of almonds</i> ,	4	<i>Carburetted hydrogen gas</i> ,	2
Taken in lunacy,	2	Inhaled during sleep, through an accidental escape of gas,	2
Without cause assigned,	2	<i>Belladonna</i> , (deadly nightshade,)	2
<i>Prussic acid and arsenic</i> ,	1	Taken by mistake,	1
Taken in lunacy,	1	Without cause assigned,	1
<i>Arsenious acid</i> ,	1	<i>Paregoric elixir</i> ,	2
Taken in mistake for a purging powder,	1	Overdose, administered to children,	2
<i>Acetate of morphine</i> ,	2	<i>Deception</i> , (nature not exactly known,)	1
Administered in mistake for other medicine,	2	Taken by a pregnant girl, with the supposed intention to procure abortion,	1
<i>Strychnine</i> , (the active principle of nux vomica,)	2	<i>Nitrous acid, with aloe</i> ,	1
Taken by a child, to whose father it had been sent as a medicine,	1	Taken without cause assigned,	1
Lunacy,	1	<i>Cayenne pepper, &c.</i>	1
<i>Nux vomica</i> ,	3	Cayenne pepper, essential oil of cayenne, and bark, taken in alcohol, as a remedy for the ague,	1
Taken in ignorance of its effects,	1	<i>Tarberth mineral</i> ,	1
Procured by a girl of weak intellect, and given to her father, who had sent her for an emetic,	1	Taken in mistake,	1
Taken without cause assigned,	1	<i>Sulphuric acid</i> , (vitriol,)	32
<i>Wolf's bane</i> ,	1	Swallowed by children, ignorantly,	9
Eaten by a child, who found it in his father's garden,	1	_____ for ginger beer,	3
<i>Black ashes</i> ,	1	Administered to children, for Godfrey's cordial,	4
Procured for washing, and eaten by a child,	1	_____ a child, for castor oil,	1
<i>Sulphate of iron</i> , (<i>Copperas</i>),	1	_____ for syrup of rhubarb,	1
Taken to procure abortion,	1	_____ for some medicine not named,	1
<i>A vegetable poison</i> ,	3	Accidentally sold for Godfrey's cordial, and given as such to a child,	1
Taken by two children, (brothers,)	2	In a drunken fit,	1
By an adult,	1	Through insanity,	5
<i>Biera picra</i> ,	1	Through family quarrels,	1
An overdose, taken in gin,	1	By a woman, who thought herself forsaken by God,	1
<i>Monk's hood</i> ,	1	Without cause assigned,	4
Gathered by a poor old man, and eaten in mistake for celery,	1	<i>Hydrocyanic (prussic) acid</i> ,	27
<i>Sevine</i> ,	1	Taken by surgeons, depressed in mind by reduced circumstances,	3
Taken to procure abortion,	1	By a surgeon delirious from scarlet fever,	1
<i>Infusion of hemlock</i> ,	1	By a surgeon, addicted to drinking,	1
Overdose, taken by a woman,	1		
<i>Laudanum and prussic acid</i> ,	1		
A case of lunacy,	1		
<i>Potash</i> ,	1		
Taken by a child,	1		

By a surgeon, in a fit of frenzy, 1	Through despondency, 1
By druggists, deranged, 2	Through lunacy, 5
By a medical student, affected by over-study, 1	Felo de se, 2
By a child, in ignorance, 1	Without cause assigned, 1
By a gentleman, reduced from affluence to poverty, and de- ranged, 1	<i>Poisons not specified,</i> 14
Through disappointment in love, 1	Taken accidentally, 2
Through lunacy, 9	By a drunkard, in mistake, 1
Without cause assigned, 6	Case of miscarriage, the mother having received some noxious drug, 1
<i>Corrosive sublimate,</i> 12	Taken without cause assigned, 2
Taken incautiously as medicine, 1	Through lunacy, 7
By mistake, for cider, 1	How administered not known, 1
In a fit of passion, 1	
	543

The total number of deaths by poison, in 1837 and 1838, it will be seen, was 543. Of these 261 were females: 282 males.

The total number of individuals poisoned by opium, or its preparations, was 186.

The deaths of very young children (most of them at the breast), from opium, or its preparations, administered by mothers and nurses, in ignorance of the powerful effects of those substances on infants, were 52.

The deaths of young children from opium or laudanum administered in mistake for other medicine were 20. In 11 of these cases, the names of the medicines are given, in the place of which opiates are given by mistake.

The very great number of deaths amongst children, resulting from over-doses of opium, or its preparations, and from doses thereof given in mistake for other medicines, cannot fail to excite attention. Deaths of this kind amount nearly to a seventh of the entire number of deaths by poison! The number was 72!

Most of the children poisoned in this way *lost their lives* owing to the ignorance, carelessness, or presumption of *their mothers*. It cannot be too generally known that narcotic and anodyne drugs, powerful though they be in the adult, act with infinitely greater energy upon the more sensitive nervous system of the infant; so that even experienced medical men never administer remedies of this class to the very young, without exerting the utmost caution and making the most accurate calculation. Two drops of laudanum have been known to kill an infant; nay, we have heard of a case in which *one drop* stole away the life of a new-born babe. It is evident that the practical inference to be deduced from the facts represented in the above table is—*that mothers and nurses should never dare to administer medicines of the narcotic kind, except under the immediate direction of the medical attendant.*

The coroner of Nottingham states, that "Godfrey's cordial is given to children to a great extent; and that he has no doubt whatever, that many infants are yearly destroyed in that borough, but who, dying off gradually, never come under his notice officially." There can be no doubt of the truth of this assertion. At all events we can say positively that such instances occur elsewhere.

It will be observed, that of the 20 cases in which death resulted from the administering of opium or laudanum by mistake, 11 were instances in which they were given instead of substances more or less resembling them in colour. No details of the mistakes are given in the remaining 9.

In recording one of the 11 cases, Mr. Browne, the Nottingham coroner, (who has very commendably entered more into detail than most of the coroners,) says:—"There appeared very great negligence on the part of the person who sold the laudanum. He had not been brought up as a druggist, but had latterly taken to the business, and employed two young girls to

attend to his shop, and sell his drugs in his absence. I ascertained, personally, at the shop, that one of them sold twice as much for a penny as the other."

In 10 of the 11 cases, although the medicines are named instead of which laudanum was administered, we are not told whether the mistake was made by the mother, the medical attendant, or the dispenser.

We find in the returns 4 cases of the administration of savine and other poisonous drugs, with the view of procuring abortion. In three of these cases, the mother perished undelivered. In the fourth, the child perished.

We believe the disgusting crime of feticide would not be so often attempted, if the real effects of savine, and the other drugs made use of, were properly understood. These agents never can induce abortion without placing the woman's life in the greatest danger; and a very frequent result is, that she dies undelivered, having previously suffered the intensest agony.

In 8 cases, poison was taken for the purpose of self-destruction, by young women who had been seduced and were pregnant. Arsenic was the poison made use of in all these instances. It is probable, that besides these 8 cases, several other of the numerous instances of poisoning by arsenic had been the result of seduction: but this is not stated in the returns, which, we repeat, are very far from being full and satisfactory.

The deaths of 8 surgeons are entered, and it is a curious circumstance, that all of these had taken prussic acid. One had taken it with arsenic. Three committed self-destruction in consequence of pecuniary difficulties—one during the delirium of scarlet fever—one during the delirium of mania *a potu*—three during insanity. No instances of poisoning among members of the other learned professions are stated. *Perhaps* this may be owing to an omission in the returns—but we are rather inclined to consider that they are not defective on this point.

Do not these facts furnish medical men with materials for melancholy reflection? Eight of their brethren have, within a short period, destroyed themselves: whilst no other profession is named on the tables. Three of these, indubitably, were urged to the rash act by embarrassments; and four committed suicide in insanity, which was probably induced by long-continued anxiety and disappointment. In one case only—that of insanity following scarlet fever—could different and natural causes be assigned. May not these instances of self-destruction be deemed indications of an overstocked and ill-regulated profession?

These important returns would furnish us with the means of extending our remarks to a much greater length, but we must—for the present at least—forebear. We cannot, however, conclude, without expressing our approval of a valuable suggestion made by Dr. Frampton, coroner for Dorsetshire. This gentleman thinks there should be some way of *compelling* those who sell poison to *register* the day and the hour of sale, and the name of the purchaser. Mr. Frampton justly observes that from a want of such compulsory registration, the ends of justice are frequently frustrated.

Great credit is due to Sir Robert Inglis for having called for these returns. They would, however, be much more useful to medical and political science, had information been required as to the profession, trade, or station in life, of each individual; and if it had also been stated (whenever possible) how the poison had been procured—whether from a druggist, a surgeon, or otherwise—the quantity sold, the age of the dispenser, and whether any precautions had been taken by him to prevent mistakes.

BIBLIOGRAPHICAL NOTICES.

*Morton's Crania Americana.*¹

We have more than once announced the advent of this splendid work, and have endeavoured to bespeak a favourable attention to it, founded on the specimens which we had seen. The opinion we gave of those specimens we can conscientiously transfer to the whole work. It is a monument of the industry and research of the author; and stamps him as a man of learning and of unbounded zeal as an anthropologist.

The pure naturalist and the phrenologist may consult its pages with advantage; for the phrenological measurements of the various nations and tribes are given: and should the reader be entirely ignorant of phrenology, he may find, in the appendix, "Phrenological Remarks on the relation between the Natural Talents and Dispositions of Nations, and the Developements of their Brains, by George Combe, Esq."

The lithographic plates are admirable specimens of art, and we strongly recommend the work to all who take any interest in the differences between the members of the great human family;—and who is there that does not?

*Dr. Simons's Report on the Yellow Fever of Charleston.*²

This is an interesting paper, carefully and impartially drawn up, and confirmative of the non-contagious character of epidemic yellow fever as it prevails with us; and, therefore, an additional evidence against the ineffectual and, too often, vexatious quarantine regulations, adopted to prevent its importation.

We extract the following facts from Dr. Simons's pamphlet;—

"In 1839 there were 134 deaths: adult males, 104, females, 14; native children, 8; strangers' children, 7; blacks, 1 female. This present year the fever occurred earlier than usual. On the 7th of June, three patients were admitted into the Marine Hospital, from the ship *Burmah*, which had arrived from Havana, of which I was informed by the physician of that institution. The pilot, contrary to the requisitions, that all vessels having sickness on board, should be brought to quarantine, improperly brought in this vessel. The remainder of the seamen on board, that were sick, were sent to the Lazaretto, and the ship was thoroughly cleansed and ventilated, being in ballast; she was in the stream, and did not come to the wharf for some weeks after, and had no communication, as far as could be ascertained, with other vessels. On the 17th and 19th, cases were admitted into the hospital from the ships *Chatham*, *Leonore*, and *Elizabeth Bruce*. The *Chatham* and *Elizabeth Bruce* were lying at Fitzsimons' wharf; the *Leonore* was lying in the stream, opposite these vessels, and had never been to

¹ *Crania Americana*; or a comparative view of the skulls of various aboriginal nations of North and South America: to which is prefixed an essay on the varieties of the human species. Illustrated by seventy-eight plates and a coloured map. By Samuel George Morton, M. D., Professor of Anatomy in the Medical Department of Pennsylvania College at Philadelphia, Member of the Academy of Natural Sciences of Philadelphia, of the American Philosophical Society, of the Historical Society of Pennsylvania, of the Boston Society of Natural History. Folio, pp. 296. Philad. 1839.

² Report on the History and Causes of the Strangers' or Yellow Fever of Charleston. Read before the Board of Health. By Thomas Y. Simons, M. D., Chairman of the Board. (Printed by order of the Board.) 8vo, pp. 24. Charleston, 1839.

the wharf; the *Burmah* was lying in the stream off Roper's wharf; the distance from each of the vessels was therefore considerable, and there were a great many vessels between, on board of which no sickness had as yet occurred. The *Chatham* arrived here from Boston, on the 5th of June, in ballast; the *Elizabeth Bruce* arrived in Charleston, from New York, 7th of June in ballast; and the *Leonore* sailed from Boston, and arrived on 7th of June, in ballast—all of the crews were well. Subsequently, the disease occurred in different vessels in the harbour, which it would be unnecessary here to detail. Soon after the cases of the *Brumah* had occurred, a proclamation was issued by the mayor and council, requiring all vessels, arriving from infected ports to be brought to quarantine: the vessels were there brought, their cabins cleansed, their holds ventilated, and their rotten fruit destroyed. No single case of fever arrived from the West Indies, or otherwise, in the city, that I am aware of, after this arrangement.

"The fever having occurred so early in the season, and so soon after its occurrence on board the *Burmah*, created suspicion of contagion in the minds of some, but I could not, upon the minutest investigation, come to that conclusion; and a committee¹ appointed by the Medical Society, after making a minute and thorough investigation, came to the conclusion that the fever was not introduced by the *Burmah*, or by contagion, but was produced by the peculiar condition of our atmosphere: in other words, was endemic, and arose from causes among us."—p. 9.

Dr. Simons shows, that the number of native children, who die during the prevalence of fever, is small; and he pointedly refers to "the injudicious plan of estranging children from the atmosphere of a city in a warm climate: and thus, at the age when they should be active and enterprising, they are liable to the disease, and many have either died or been subjected to great sacrifices."—p. 13.

He farther remarks, that "all, who have not been acclimated to Charleston, are liable, in the years when it prevails, to the fever, from which many escape; but those from southern latitudes are much less liable than those from northern latitudes, either in America or Europe, and those of the surrounding country are less liable than those in the upper parts."

As to the causes that engendered the epidemic, Dr. Simons judiciously expresses his entire ignorance. We have, indeed, stated elsewhere,² that, on the whole subject of the causation of endemic and epidemic diseases, we are sadly in the dark. Hypothesis upon hypothesis has been adduced, and all that we still seem to know is, that under an inappreciable union of inappreciable atmospheric and terrestrial conditions, yellow fever, and other endemic or endemico-epidemic diseases occur among us. But when we say we *know* this much, the admission only exhibits the amount of our ignorance.

Since writing the above we have received the

Report on the late Epidemic in Augusta, Ga.³

The deductions in this report—drawn up by a committee, of which Drs. F. M. Robertson, I. P. Garvin, and P. F. Eve, were the members, are in

¹ The committee consisted of Dr. A. Lopez, Chairman, Drs. James Moultrie, E. Geddings, J. M. Campbell, Henry Winthrop, and the President, J. E. Horibeck.

² *Elements of Hygiene*, Philad. 1835.

³ A Report on the Origin and Cause of the late Epidemic in Augusta, Ga. Submitted to a committee of the physicians of Augusta, on the 10th of December, 1839. 8vo, pp. 30. Augusta, Ga., 1839.

accordance with those above mentioned as regards the non-contagious character of the disease. They are embodied in the first of the following resolutions:—

“1. *Resolved*, That from the facts disclosed in the foregoing report, we are of the opinion that the cause of the late epidemic was not introduced into our city, in any manner whatever, from foreign sources; nor do we believe the disease to have exhibited, in the slightest degree, a contagious nature.

“2. *Resolved*, That in our opinion, the cause of the late epidemic arose from the accumulation, at the upper ‘Trash Wharf,’ between Lincoln and Elbert streets, of upwards of 200,000 cubic feet of vegetable and animal matter, collected from the lots and streets of the city, since the year 1834, which was opened and exposed to the action of the sun, in the months of May and June last.

“3. *Resolved*, That we most earnestly urge upon our fellow citizens, the necessity of having this fountain of miasmata, and other similar collections, thoroughly and effectually eradicated during the present winter; and also, the importance of having a system devised, the faithful execution of which, shall, in future, secure our inhabitants from the direful effects of like accumulations in our vicinity, and the deleterious consequences arising from a general neglect of cleanliness, which, for some years past, has been too common in our city, owing to its unprecedented state of health.”—p. 28.

As respects the inferences in the two last resolutions, doubts may be rationally entertained. The committee, under the impression that the unknown cause must reside either in animal or vegetable substances, or both, in a state of “dissolution,” carefully sought for such substances, and found them; at first we are told a mass of decayed cotton seed was presumed by some to be the cause; by others, a lot of damaged bacon; by others, again, the excessive growth of the *morus multicaulis*! The committee fix the *fons et origo mali* in the animal and vegetable decomposition in the “upper Trash Warf,”—*quod est demonstrandum!* At the conclusion of their report. They publish a correspondence between Dr. Robertson, their chairman, and our able friend and former colleague, Professor Geddings, of Charleston. We wish they had added the following to the other questions propounded to him:—“Have you had any sufficient reason, from your own observation, to believe that the source of the stranger’s fever in Charleston was in animal or vegetable decomposition or ‘dissolution,’ or both?”

The conclusions at which Dr. Simons arrives in the pamphlet noticed above are full of good sense. After stating, that in addition to the causes commonly invoked, there is a peculiar condition of the air, independently of them,—for these causes exist every year, but do not produce the disease regularly,—he adds,

“The exact nature of that condition of the air we do not understand; it has as yet eluded the researches of philosophers, chemists, and physicians, and may prove beyond the ken of human wisdom to discover. The nature of malaria, and the laws of epidemics, are puzzling problems in medical research; we have had many speculations thereon, but nothing proved as yet. Thus far we do know, however, that a city atmosphere is necessary to generate yellow fever; and it is a wise system of medical police, that all causes, which may, by a possible contingency, prove agents in producing disease, should be removed. Hence the cleansing of the docks at a proper season, the preventing of exhalations from the drains, and the clearing them out in the winter season, or when necessary; the carrying of scavenger’s offals beyond the precincts of the city, or obviating their deleterious influ-

ence by preventive means ; keeping the streets, as well as the yards, clean ; draining, and filling up low lots ; having all the cellars kept dry, and properly ventilated ; prohibiting of any more cellars ; burying the dead beyond the precincts of the city ; and the introduction of a plentiful supply of pure water : these measures, if they can be accomplished, constitute, in my opinion, judicious and important preventive means ; and having thus used all human means, according to our finite attainments, we must leave the rest to a supreme and higher power."—p. 22.

Prof. T. D. Mitchell's Introductory Lecture.¹

We have had the pleasure to draw the attention of our readers more than once to productions similar to the one before us from Prof. Mitchell's pen. The present introductory lecture embraces a topic not easily managed, but respectably accomplished by its author. The main pains which he points out are, *first*, Difficulties encountered by some pupils in the course of study ; *secondly*, Obstructions in the way of the physician of obtaining business ; *thirdly*, Unkind treatment from professional brethren and from patients ; *fourthly*, Sad consciousness of the imperfections of the science or of his failure to give its principles the right application. The sources of pleasure enumerated are,—the study of medicine itself, and—with many—the practice ; the expansion of mind and liberality of sentiment, and the feelings of compassion and benevolence engendered by it. From this portion of the address we extract the following specimen of the author's matter and manner:—

"And think you, gentlemen, that in this inventory of the sources of pleasure, we mean to overlook the pure and exhilarating delight, that bursts upon the soul and covers it with ecstasy, when our efforts, blessed by Heaven, restore to friends and family, one who is endeared by every tie that binds kindred spirits together? Oh, no! faithless should we prove to truth and to the dignity of our calling, if this resplendent gem were not permitted to shine out from the mass of crudities in which it lies embedded. Are there not some in my hearing, who have already seen the visions of by-gone years rise to their view, to give life and vigour to the faint traces of reality to which I have referred, who can exclaim of a truth

'All which I saw, and part of it I was,'"

and who feel that the happiness of being instrumental in snatching from the grave one estimable fellow being, is enough to counterbalance all the sorrows and perplexities that gather in the revolution of years? The affectionate wife has beheld, with untold agony, the last gasp of the partner of her bosom, and he has gone from her sight, notwithstanding the most untiring efforts of the medical attendant. Unsatisfied with one deadly thrust, the fatal epidemic strikes again, and yet once more, and the victims are borne to the narrow house in quick succession, till at length, like the forest tree, shattered by the fury of the tempest, a solitary branch remains to tell the heart-stricken widow, that she has not ceased to be a mother. But, even that branch, the last hope of her desolate heart, lies prostrate, speechless, almost within the icy embrace of the relentless tyrant, that spares not for tears, though they flow like rivers in their onward course. The frantic gaze of the bereft one, darting from the couch of the dying, to the countenance of

¹ The Pains and Pleasures of a Medical Life ; being an introductory to a course of lectures on Materia Medica and Therapeutics, (Session 1839-40.) By Thomas D. Mitchell, M. D., Professor of Materia Medica and Therapeutics, in the Medical Department of Transylvania University. (Published by the Medical Class.) 8vo, pp. 24. Lexington, Ky., 1839.

the physician, has an eloquence in it of unutterable import. It seems to say, with imploring, yet despairing intensity of feeling, 'spare, oh spare my only child, save me from going down, solitary and alone, in sorrow to the grave.' A new vigour is inspired by the touching and resistless appeal. The energies of the healing art are taxed afresh, its resources are developed and applied with augmented power; the dying man revives, the anxious parent weeps for joy, and cannot find language strong enough to pour out the overflowings of her soul in gratitude to him, who has been the honoured instrument in effecting the happy result.

"Where is the physician, who at such a juncture would barter his profession for any occupation below the stars? Where the man, from whose memory the circumstances of such a scene could be effaced, while mind retained its powers; or who would not treasure up its minutest details, and call them from the storehouse of the past, to dwell upon the vision with new delight?

"The only remaining source of pleasure which the limits of this discourse will permit me to name, is the high satisfaction attendant on successful efforts to elevate the medical character. The well-educated and honourable practitioner is grieved at the defects, so long tolerated in the profession, especially as they relate to the preparatory instruction of candidates. He sickens at the recklessness with which so many are encouraged to shelter themselves under the broad wing of the healing art, as if it were designed by heaven to be a house of refuge, a common receptacle for the lame, the halt and the blind of all occupations under the sun. But he rejoices that not a few worthies are added to the roll, from time to time, who have made their foundation sure, and have erected a superstructure that will do honour to their alma mater; and he hails them with joy, as co-workers in the noble effort of redeeming the profession from the degradation in which it has been sunk by ignorance and chicanery. It affords him unspeakable gratification to take by the hand every such youthful candidate for business, and to encourage him by his counsel, his friendship, and his influence. He has not forgotten the perils of his own opening career, and he knows by experience the value of a medical friend and adviser, at such a crisis.

"Is the character of a brother practitioner defamed without cause? he will not be a silent witness of the injustice that is meditated; but feeling for his injured reputation as he ought, will nobly defend his cause. He rejoices to rescue from unmerited odium, the humblest member of the profession, assured that the disgrace of one is in some measure the degradation of the whole fraternity. And while he pays a reasonable deference to the distinctions that unavoidably obtain, as the result of contingencies, he delights in making those his chief companions, who to their love of science and a regard for the honour of their profession, add the charms of a virtuous and consistent life. He feels the force of a resistless affinity for kindred spirits, for those who are identified in their sympathies with the great interests of humanity, and he prefers to rally under the outspread banner of the public good, rather than to fight beneath the narrow flag of party. With Sydenham, he embraces the whole family of man in the grasp of his benevolence, and is proud to be one of a fraternity, whose province it is, 'to soothe the troubled spirit, and give the sufferer rest.'—p. 22.

MISCELLANEOUS NOTICES.

*M. Donné on Milk.*¹—The following *résumé* is given by the author at the conclusion of his memoir "on Milk," &c.

1. The chemical history of the phenomena which milk presents when left to itself, can be completed only by microscopic observation.

2. Milk may be defined a liquid holding in solution, casein, as the blood contains fibrine, a peculiar sugar and salts; and holding in suspension globules of fatty matter or of butter.

3. The solubility of the milk globules in alcohol and ether, which do not dissolve casein, on the one hand, and on the other, the want of action of the aqueous solution of iodine, which does not colour the milk globules, but does colour casein (as it does all azotised organised matters) yellow, prove that the casein does not form part of the globules, and that it does not exist in milk in a concrete state.

4. All the milk globules may be retained by the filter, and the filtrated liquid, transparent as water, will deposit casein under the influence of acids; this experiment also proves that the casein is in a state of solution, and moreover that the white colour of milk depends on the fatty matter suspended in the form of very fine globules; milk may therefore be regarded as an emulsion.

5. The first phenomenon which milk left to itself presents, is the ascent of the cream: cream is formed by the milk globules collecting at the upper part in consequence of their specific gravity; below the cream is the milk properly so called, in which there are, however, two distinct layers; the upper one whiter than the lower, which is a little greenish, and semi-transparent. These differences of shade depend only on the greater or less quantity of milk globules contained in the different layers of liquid, which are arranged according to their specific gravity. Cream exists, therefore, in the milk at the moment of its exit from the body, and milk and cream differ only in the proportion of fatty or butyraceous globules which each contains.

6. The second phenomenon observed is the change of milk to the acid state; it is in fact well demonstrated that this fluid, when it comes from the body, is alkaline; gradually the cream thickens, the casein coagulates, gases are disengaged, the smell of *Brie* cheese is perceived, and the microscope exhibits a number of infusory animalcules and vegetables; a real putrefaction, in short, is established.

7. It is necessary to distinguish the part which the cream or non-azotised portion and the casein or azotised portion, each takes in this decomposition or fermentation. For this purpose the two elements must be separated by the filter, and it is then observed that the cream rapidly becomes very acid, while the serum, deprived of fatty matter, and holding casein in solution, tends to the alkaline or putrid fermentation.

8. The infusory vegetables which are produced in this case do not appear till a long time after the milk has passed to the acid state; they cannot, therefore, be regarded as the cause of the fermentation, as the vegetables discovered by M. Cagniard Latour in the liquids undergoing the alcoholic fermentation, are; and as to the infusory animalcules, they exist as well in the alkaline as in the acid portion of the fermenting milk.

9. The microscopic vegetables of the milk, figured by M. Turpin as resulting from the transformation of the milk globules, are equally developed on the surface of the butter, previously melted and treated with ether, and on the surface of milk which has been filtered and entirely freed from globules.

10. No experiment can demonstrate the existence of one or two vesicles in the milk globules: all the facts establish, on the contrary, that they are perfectly homogeneous.

¹ Lond. Med. Gaz., Nov. 15, 1839, p. 302.

11. The best method of preserving milk is boiling it on a sand-bath in vessels which are afterwards hermetically sealed.

12. The butter resulting from the agglomeration of the fat globules of the milk may be obtained in a vacuum of carbonic acid gas, in hydrogen, &c. It cannot, therefore, be admitted that it is formed under the influence of the air by a combination of oxygen or acidification.

13. There is a constant relation between the secretion of *colostrum* in women before delivery, and the secretion of milk after. Women are, in this respect, divisible into three classes. 1st, Those in whom there is scarcely any secretion of milk to the end of gestation; and in whom there is secreted only a viscid liquid containing scarcely any milk globules, and but few granular bodies; in those the milk after birth is poor and in small quantity. 2d, Those in whom the milk before birth is more or less abundant, but poor in milk globules, which are small, ill-formed, and often mixed with mucus-globules as well as granular bodies; these characters indicate a greater or less quantity of milk after birth, but that it will be poor and serous. 3d, Those in whom the colostrum is rich, in well formed and full-sized milk globules, and mixed with no other substance than the granular bodies: these characters in general announce an abundant supply of rich and good milk after birth.

14. With respect to the influence of age on nurses, it is remarked that among the people of Paris, it is rare to find a good one after thirty; while those in the country are in their full vigour at that age; as to the influence of locality, it appears from the tables of mortality that the mortality of children is least in prosperous provinces, among people who have plenty of cattle, and especially of cows; in this respect Normandy holds the highest rank. The colour of the skin and hair does not appear to have the influence generally attributed to it; among 400 nurses the results were balanced between the brunettes and the blond; but among 9 red-haired women only 5 presented satisfactory qualities. The development of the superficial veins of the breast, and various sensations which women feel during gestation, are unimportant; while the development of the nipple, the brown or at least well-marked colour of the areola, and a certain firmness of the breasts, accord generally with an abundance of good milk. The external appearances which are most important in this respect, are a certain degree of general plumpness, and a moderate fulness of the breasts.—*Comptes Rendus*, Sept. 18, 1839.

On some New Signs of Suspension having taken place during Life. By M. DEVERGIE.¹—In a memoir presented to the Academy of Medicine, M. Devergie notices two circumstances which, in cases of hanging, will prove whether suspension has taken place during life or not. The facts of an ejaculation of sperm in the last moments of life, in cases of hanging, and of the existence of spermatic animalcules in urine, when an emission of urine has immediately followed an ejaculation, are well known, and have led M. Devergie to search for these animalcules in the urethra of persons who have been found hanging. If in such cases the urethra be slit open, or, better still, if its contents be pressed out into a watch-glass, we find a mucous matter, more or less thick, exhaling a strong odour of semen, and containing here and there the peculiar animalcules which are found in the human spermatic fluid alone. But the place of these is occasionally supplied by a number of small rounded bodies resembling the animalcules without a tail; these M. Devergie conjectures, may be spermatic animalcules in an imperfect or rudimentary state. However that may be, the presence of semen in the canal of the urethra is a certain sign that suspension took place during life. The second circumstance is that the end of the penis is so reddened and

¹ Brit. and For. Med. Review, Oct. 1839, p. 572.

moistened by a mixture of semen and mucus as to give the idea of a gonorrhœa having existed; whilst the *corpus cavernosum* and *spongiosum* are so filled with thick black blood as to form a striking contrast to the paleness of the same parts in cases of natural death. This sign is of as much value as the existence of sperm in the urethra, and is observed with greater facility.—*Bulletin de l'Académie.* Nov. 20, 1838.

Medical Schools of the West.—We learn from a postscript to Prof. Mitchell's introductory lecture, that there were in that school—at the period of the publication of the address—230 students. A private letter from a professional friend in Cincinnati informs us that the number at Louisville on the 29th was 181, in Cincinnati 120.

Vermont Academy of Medicine.—This institution, which had been suspended for a time, has been reorganised; and we are glad to observe that one of our townsmen—Dr. James Bryan—has been appointed to one of the chairs. The Faculty consist of Horace Green, M. D., Theory and Practice of Medicine; Robert Nelson, M. D., General and Special Anatomy and Physiology; James Hadley, M. D., Chemistry and Pharmacy; James Bryan, M. D., Principles and Practice of Surgery; Joseph Perkins, M. D., Materia Medica and Obstetrics; and Ralph Gowdey, M. D., Medical Jurisprudence.

The annual session for public lectures will commence on the second Tuesday of March, 1840, and continue thirteen weeks.

BOOKS RECEIVED.

From the Publishers, Marsh, Capen, Lyon & Webb, of Boston.—The first volume of Dr. Gross's Elements of Pathological Anatomy. [We shall notice this useful work in our next.]

From the Author.—Introductory Lecture before the Albany Medical College. Delivered Nov. 12, 1839. By Thomas Han, M. D., Professor of Institutes of Medicine. (Published by request of the Class.) 8vo, pp. 30. Albany, 1839.

From Professor Sewall, of Washington.—An Introductory Lecture delivered at the opening of the Medical Department of the Columbian College, Nov. 4, 1839. By John Frederick Mayo, M. D., Professor of Anatomy and Physiology. 8vo, pp. 24. Washington, 1839.

From Dr. Wm. H. Rockwell.—Third Annual Report of the Trustees of the Vermont Asylum for the Insane. Presented to the Legislature, Oct. 1839. 12mo, pp. 24. Montpelier, Va., 1839.

From the Committee.—A Report on the Origin and Cause of the late Epidemic in Augusta, Ga. Submitted to a meeting of the Physicians of Augusta, on the 10th of December, 1839. 8vo, pp. 30. Augusta, Ga., 1839.

AMERICAN MEDICAL INTELLIGENCER.

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ART. I.—ENDEMICO-EPIDEMIC FEVER, PRESUMED TO BE INDUCED BY ANIMAL DECOMPOSITION—APPARENT ABSENCE OF VEGETABLE DECOMPOSITION.

BY WILLIAM MAXWELL WOOD, M. D., U. S. NAVY.

[This interesting communication is possessed of double value at the present moment, when the origin of the endemic-epidemics of the south are topics of discussion. If it should not establish that animal decomposition was the cause of the disease described, it affords ample reason for the belief that vegetable decomposition could have had no agency in the causation.—*Ed.*]

Fort Kemble, E. Florida, Nov. 8th, 1839.

Dear sir,—During the past summer, while attached to the U. S. steamer, *Poinsett*, doing duty on the coast of Florida, for the suppression of Indian hostilities, a diseased condition manifested itself among a portion of our crew, the facts and circumstances in connection with which tend, in my opinion, to throw some doubt upon the generally received theory respecting miasmata; and you may perhaps deem them of sufficient interest for insertion in your periodical.

At the southern extremity of Florida, and about twenty miles from the main land, is a small coral neck of twelve acres' extent, called Indian Key. Its surface, with the exception of a few insulated trees, presents a naked, white, clean exposure of carbonate of lime; and there is not on the Key a natural receptacle for water as large as a wash-basin,—rain being collected in cisterns for the use of the inhabitants, who number from fifty to sixty. The houses, which have all been erected upon the plan of a single proprietor, are neat, new, one story cottages, separate from each other, raised two or three feet from the ground, on stone supports, and ranged around the island, facing the ocean, with a large open space back of them; the breezes from the sea, have thus a clear sweep over the Key and through all the buildings. There is nothing to generate vegetable miasmata, and the place enjoys a freedom from disease, such as might be expected from its character, location, and the equable temperature of the climate.

The commander of the expedition thought it necessary to leave a detachment at this place, and thirteen men in charge of an officer were quartered in two of the above described cottages, on the southern side of the island. After an absence of some weeks, on Sept. 23d, the steamer returned to Indian Key, when the officer in charge and one of the men, were found suffering under violent febrile disease. They had been for two days under active *unprofessional* treatment. In the case of the officer there was high delirious excitement; in that of the man there was less cerebral disturbance,

but oppressive pulmonary congestion, and as this latter condition diminished, the brain became more affected. Two other cases presented themselves on the day after our arrival, in both of them there was much prostration of the powers of life; one of them was found about 6 o'clock in the evening, lying on the floor in a condition of insensibility, secretions flowing from the mouth, eyelids widely separated, pupils dilated, great difficulty of utterance; having all the appearance of being deeply intoxicated. This man died in seven hours after he was first seen; the other, taken on the same day, in forty-eight hours. The officer expired on the fifth day after our arrival, having been during the whole time a raving maniac, and no means being successful in procuring sleep.

On the second day after our arrival, all the men with their luggage were removed on board the steamer; but several other cases appeared, marked by cerebral oppression, nervous agitation, but little disposition to reaction; intense pain in the head, back, and limbs; the skin and conjunctiva assuming from the third to the fifth day a very yellow tinge.

These cases were all among the men who had been stationed ashore; but the disease now showed itself among those who had simply visited the quarters, and in these cases it presented a different type, the tendency to reaction being greater, and the grade of fever much higher. Of these cases one had slept a night in the quarters, and the others had only passed a few minutes there, and that after their abandonment. All the phenomena of this disease were such as I have seen resulting from the influence of marsh miasmata in its various degrees of action, from the condition of overpowering congestion seen in the "cold plague" of the Mississippi, to the symptoms marking the yellow fever of our southern states and the West Indies.

An examination of the houses which I made myself, although there was displayed a want of cleanliness, showed no accumulation of decomposed vegetables, either in, under, or around them; but there was an oppressive animal, jail-like smell, which seemed to emanate from the houses themselves.

There had been much and continued intemperance among the men, and part of a barrel of spoiled salt beef, which was very offensive previous to our departure, had been covered with fresh brine, and served out as the men's rations. This beef was stowed in one of the houses, and had just been consumed as we arrived. Such were the facts gathered during our researches after the cause of the disease. As the cases accumulated and became crowded on ship-board, a large room, eighty by forty feet, the rigging-loft of a three story building, was engaged as an hospital. This room had double doors and two large windows at each end, and six smaller windows on the side next the sea. Vigilant attention was paid to the cleanliness of this place, and during the whole of our occupancy of it, the wind blew half a gale from the N. E., and the weather was quite chilly, yet here a third class of cases presented themselves. Upon the convalescing of the original cases, four of the hospital attendants, men fresh from the ship when we moved to the hospital, were taken, and I suffered severely from the disease myself. Upon our convalescence Assistant-Surgeon McCreery had an attack. All of us had visited the infected houses after they had been evacuated, none had passed more than a few minutes there; the longest period, perhaps, being that passed by myself, during the investigation of the cause of the disease, and the case of the assistant-surgeon did not present itself for nearly three weeks after he had been there. The treatment was such as seemed appropriate to the pathological condition supposed to be indicated by the symptoms. The state of congestion, oppression and pain, being met by general local bleeding, measured by the relief given to the symptoms; warm pediluvia, together with sinapisms and blisters to the extremities.

Where there was much reaction, heat of the head and skin—in addition to bleeding, we used cold affusion and sponging, with the continued admi-

nistration of tart. antimon. in small doses. The bowels were, in all the cases, washed out by copious mild enemata; and mercurial purgatives were given until the secretions resumed a healthy character. No effort was made to induce ptyalism or care taken to avoid it; but its occurrence, to the slightest extent, in any case, was the signal of the entire subsidence of every other morbid symptom, and was followed by an immediate return to full health; whereas those, in which the mercurial influence was not perceptible, were slow in their recovery; functional dérangement of the abdominal viscera being of much longer continuance.

No relation appeared to exist between the violence of the disease, and the developement of the mercurial action. In the case of the commander, whose attack was very threatening, and who had been copiously bled, it appeared in twenty-four hours, with the above stated consequence.

The result of the treatment was as follows:—There were twenty-two cases in all; four were lost, and they were all unfavourable subjects; two had been for two days under injudicious treatment, previous to our arrival; another was not seen at the commencement of the disease, and had certainly drunk his allowance, half a pint of whiskey, and probably more, while under its influence; the fourth case was that of a negro, of infirm constitution and remarkably timid character, he was supposed to be convalescing, but became chilled in the night, and died under symptoms of sudden pulmonary congestion.

I have endeavoured to present you with a correct general history of the rise and progress of this disease, and the circumstances to which I would call your attention are,—the entire absence of general or local vegetable miasmata; the concentration of the poison, as seen in the prostration of the powers of life, and the very short exposure to its influence necessary to generate the disease; its insulation—there was no case among the inhabitants of the Key, although the neighbouring cottages were occupied.

The cases which arose in the hospital are interesting, as showing either the strong vitality of the morbid influence, or the power of the disease communicating itself by continued and frequent contact. The difference in the type of the disease may be attributed to the recent habits of the persons attacked; but to what to trace the disease I am at a loss, unless to the putrid beef, and I should certainly receive this as the cause, were not such a conclusion adverse to all my previous opinions upon the subject of miasmata. Circumstances rarely occur, in which the absence of vegetable influence is so complete, and the testimony concurs in designating a single cause.

With much respect, yours truly,
WILLIAM M. WOOD.

Professor Dunglison.

For the American Medical Intelligencer.

ART. II.—CASE OF ACUTE LARYNGITIS.

BY S. A. COOK, M. D., OF BUSKIRK'S BRIDGE, N. Y.

Buskirk's Bridge, N. Y., Jan. 1840.

Dear sir,—I send you the following case, which if you think worthy of a place in your valuable journal is at your disposal. I should be glad of your opinion whether it was acute laryngitis or not.¹ The description is

¹ The caption which we have given to the interesting article of our correspondent sufficiently shows that we regard the case to have been acute laryngitis.—Ed.

drawn from my notes taken at the time and at the bedside of the patient, and is as faithful as I am capable of presenting it.

With great respect, I am yours,
S. A. Cook.

Robley Dunglison, M. D.

David Gordon, aged 51, farmer; in which employment he has been engaged through life; accustomed to exposure, and, though naturally of a robust constitution, has suffered in times past from various severe attacks of disease. In 1832 he had a choleric attack, followed by severe typhoid fever, from which he slowly recovered. During the three or four past years, he has repeatedly suffered from what he has called quinsy, and at the close of one of these attacks the last summer I saw him. His mouth was pale; filled with saliva; the sublingual glands swelled so as to considerably displace the tongue; their folds semitransparent and apparently distended with fluid; the parotids and submaxillary glands, though but slightly tumefied, hard, and tender on pressure. As the disease was declining, I only ordered a mildly stimulating diet, a gentle laxative, and the external application of camph. vol. lin., and saw no more of him till

Oct. 18th, 10 o'clock, p. m.—Was taken yesterday with sore throat, which has since been constantly increasing; had violent cold chills last night; tongue red, thinly coated and swelled; pressure on its back part produces intense pain, attended with a sense of urgent suffocation—any attempt at deglutition, either of liquids or solids, produces the same, with a convulsive cough or rather strangling, which, after driving out through the mouth or nostrils, the offending substance, continues with stridulous respiration from thirty minutes to an hour. The stomach appears unaffected; the bowels costive; the skin is cool, moist, and inelastic, of a darker shade than natural on the face; the pulse 64, soft and feeble; he has headach; eyes are suffused; countenance expressive of suffering. While at rest, the respiration, though hurried, is not very difficult, though any motion or pressure of the upper part of the throat, or the cartilages of the larynx, makes it terrible. The voice is entirely lost, and coughing produces acute pain in the larynx; no expectoration.

Prescription.—Bathed the feet in warm water; placed hot bricks wrapped in flannel to the feet and by the side of the legs in bed; bled thirty ounces, (during the abstraction of twenty ounces of which the pulse increased in strength and hardness.) The bleeding has produced a decided impression on the constitution; the blood is very sizzly. Apply a sinapism to the throat.

19th, 9 o'clock, a. m.—Has had a restless night. Secretions of the larynx and bronchia commencing and producing a moist tracheal rhonchus. As yet he is unable to expectorate except by driving the secretion out of the trachea by the breath, and by the aid of the fingers making a shift to draw it out of the fauces. Pain and tenderness about the larynx continues much as last night. Cough convulsive, painful in the extreme, hoarse and less sonorous than last evening; respiration stridulous; groans much; bowels inactive; skin moist, warm; pulse 80, sharp; face red; eyes protuberant; conjunctiva injected. Blood of last night cupped. Has swallowed nothing during the last twelve hours—thinks he might swallow medicine in syrup.

Prescription.—Venesection. Abstracted sixteen ounces of blood.

℞. Cal. gr. ij.
Tart. ant. et pot. gr ʒ.
Opii, gr. i.

To be taken every three hours till six powders shall have been taken, then follow with pilulæ cath. comp. ad catharsin.

20th, noon.—Gums swelled from mercury; cathartic has operated freely;

much improved; can speak and swallow better; great tenderness of the dorsum of the tongue, an attempt to reach the glottis with my finger producing acute pain, and a temporary return of stridulous respiration. Cartilages of larynx and trachea still somewhat tender, more so on the left side; voice louder, and swallows with much less difficulty; coughs, though with pain, and expectorates in the usual manner; skin cool, but dry; pulse 80, small and weak. Sublingual glands swelling, red; submaxillary and parotid hard and tender. An increased secretion of saliva, with a feeling of grittiness in the mouth.

Prescription.—Continue the powders as before, every four hours, till three have been taken, followed by cathartic to-morrow morning. Epispastic over the tender parts of the throat.

21st, noon.—Very much improved; pulse 70, soft; cath. has operated mildly; very slight ptialism. Dismissed.

Mr. G. has still, Jan. 1, 1840, a frequent twingeing pain darting through from one parotid to the other, attended with a sense of prickling about the roots of the tongue; considerable tenderness about the larynx, increased by exposure to cold, damp, or windy weather. His throat is constantly more or less sore. His voice is hoarse and feeble, and he tells me that he frequently feels as though about to have another attack. He is, however, gradually improving.

Remarks.—Was this a case of acute laryngitis? It presented many of the most prominent symptoms of that disease and yet I have been unable entirely to satisfy myself with regard to its exact pathology. The intervals between the paroxysms of stridulous respiration, when he appeared comparatively calm, led me to doubt the correctness of my first diagnosis; yet, when I looked at his bloated face, protuberant eyes, injected conjunctiva, the violence of the convulsive cough, the difficulty of respiration attending it, or following any attempt at deglutition, or any pressure about the larynx or on the dorsum of the tongue, the almost perfect loss of the voice, and the acute pain produced by any attempt to articulate, I could not doubt but there existed inflammation of some of the various structures composing the larynx. The treatment was intended to be such as would control acute inflammation, and to be carried to the extent of the constitutional powers. At the time of the first bleeding the systemic reaction was slight, but increased with the diminution of the volume of the circulating fluid. This bleeding, however, was carried to the point of producing a decided impression on this factitious reaction—a circumstance of vital importance in the treatment of highly acute disease, (and it is rarely seen in any other,) as when the pulse increases in strength and hardness during the flow of blood, and the depletion is continued till that pulse decidedly yields, I believe the impetus of the disease to be subdued, and that the practitioner has little more to do but to follow up the impression already made by a judicious course of medication to conduct the case to a favourable issue.

S. A. COOK.

BIBLIOGRAPHICAL NOTICES.

*Gross's Pathological Anatomy.*¹

That a convenient work, in the English language, on pathological anatomy—adapted to the existing condition of the science—was demanded, will be admitted by all. This desideratum Professor Gross has endeavoured to supply, and we can strongly recommend his “Elements of Pathological Anatomy,” to the attention of the pathological enquirer. In manuscript the production impressed us favourably, and the opinion is sustained, now that it is placed before us in a more tangible form. We trust that the work may see many editions, and we are satisfied that it will be the earnest endeavour of the able and industrious author to keep it *à portée* with the existing condition of the science.

Dr. Gross's work is divided into two portions,—*part first*, embracing the General Principles of Pathological Anatomy; and *part second*, Special Pathological Anatomy. The lithographs are not numerous, but they are good; much better than the xylographic illustrations, which, we think, are unworthy of the text.

The student of pathological anatomy will find these volumes entitled to his best attention.

Dr Hun's² and Dr. May's³ Introductory Lectures.

These lectures are both published at the request of the classes before which they were respectively delivered.

The views of Dr. Hun on the effects of systems on medicine are strikingly analogous to those expressed by ourselves recently on a similar occasion. We extract them for another purpose, likewise,—to exhibit the author's manner.

“These premature attempts to establish systems in medicine, have contributed greatly to cast discredit upon the science, and have diminished the usefulness of the art. For as art is derived from science it partakes of all its errors and imperfections. A false theory is not merely absurd but it is most pernicious. Its ideas become acts; its errors of speculation become errors of practice, and in medicine an error of practice is, unfortunately, for the most part irreparable.

“It is, however, a great mistake to suppose that these systems have been entirely without utility. Each of them viewing only a single side of the subject has contributed to develop the science in this direction, to accumulate facts bearing on this partial view, and has thus aided in the permanent advancement of the science. Thus, after each revolution, the science

¹ Elements of Pathological Anatomy, illustrated by numerous engravings. (With a motto.) By Samuel D. Gross, M. D., late Professor of General Anatomy, Physiology, and Pathological Anatomy, in the Medical Department of the Cincinnati College. 8vo, pp. 518. 510. Boston, 1839.

² Introductory Lecture before the Albany Medical College, delivered Nov. 12, 1839. By Thomas Hun, M. D., Professor of Institutes of Medicine. Published by request of the Class. 8vo, pp. 30. Albany, 1839.

³ An Introductory Lecture, delivered at the opening of the Medical Department of the Columbian College, Nov. 4, 1839. By John Frederick May, M. D., Professor of Anatomy and Physiology. 8vo, pp. 24. Washington, 1839.

of medicine has come forth enlarged with new facts, perfected by a more complete analysis of phenomena, and has entered upon a new system more comprehensive and perfect than the preceding one. It is not true, that under the influence of systems the science of medicine has been turning in a circle without improvement; on the contrary, each system has contributed to the development of the truths on which it was formed.

“The absurdities into which men have fallen by a blind adherence to systems, have been eagerly seized upon by the enemies of reasoning, to give plausibility to their empiricism. It is so easy for those who are unwilling or unable to reason, to dwell upon the errors into which others have been led by reasoning. But it will often be found that these men are not so innocent of reasoning as they imagine. Their practice is very often governed by the principles of some exploded system, which they do not understand, but which serves to furnish them with maxims on which they found their system of routine. Thus, at the present day, we find the old women, both in and out of the profession, appealing to the principles of the humoral pathology as it existed in the days of Boerhaave. A few disjointed fragments of an exploded system, serves as a foundation for the practice of these eminently practical persons. Perhaps some fifty years hence this same class will be discoursing about irritation and gastritis, as they now do about vitiated bile and bad blood.

“Disgusted with the repeated failures of systems, those engaged in the pursuit of medical science at the present day, are adopting a safer course, though there is some danger of their falling into an opposite extreme. We now find that wherever medicine is most cultivated, facts alone are sought for and reasoning is too much decried. No system now rallies any considerable school under its banner. We have just witnessed the downfall of Broussais, which, for a few years, caused such an immense sensation in the medical world. This system, which was undoubtedly the most complete and perfect which had ever been presented to the world, was soon found to be too narrow to embrace all the facts which were accumulated by a careful observation. The system lasted but a few years and died before its author, not because it was weaker than those which had preceded it, and which were longer lived, but because of the greater activity with which the sciences are cultivated at the present day. It fell under the rude attacks to which it was subjected, but it will ever form an epoch in the history of medicine. The great truths it contained, and the numerous facts which were collected under its inspiration, will ever remain as monuments to the genius of its illustrious author. I know that many who never comprehended the system when it was in vogue, and who then contented themselves with decrying what they were too indolent to learn, now applaud themselves for their sagacity in predicting its downfall. But it is not on the voices of such men that the fame of great reformers depends. Those who are capable of appreciating the system, even while they recognise its errors, must also be conscious of the great and second truths it contains, and will award to the name of Broussais a conspicuous place in the temple of medical science.

“At the present day no system exists in medicine unless it be an eclecticism, which cannot properly be called a system. Eclecticism viewing each system as containing a fragment of the truth, as the development of some great fact of the science of organised matter, proposes to glean from each system what is true, and to reject what is exclusive and false. It is not properly a system, but it supplies the place of one; it explains the cause of the downfall of the systems which have preceded, and under its inspiration, materials are collected and arranged for building up a new and more perfect one.”—p. 25.

The following remarks, expressed in forcible language, are strictly true and appropriate, and should receive the attention of the student:—

“Too many commence the study of their profession who limit the whole

of their ambition to obtaining a diploma, and who look forward to its future pursuit only as a means of gaining a livelihood. To such a one the studies in which he engages are a mere drudgery, a schoolboy's task, which must be passed through. He has no enthusiasm to carry him through the difficult and disgusting parts of his studies, no desire for the progress of the science; on the contrary, he would wish to see its domain diminished so that his labour might be less. After toiling through studies which to him have been irksome and tedious, he passes his examination, receives his permission to practice, and enters upon the field of his future labours. In his practice, as in his studies, he is without enthusiasm and without conscience. He goes through his daily toil and receives his daily wages; he is a day labourer and he feels like one. Envious of the qualifications of those better fitted for the practice of his profession, he contents himself with railing at them and decrying their merits. He joins the ignoble rabble which follows at the tail of the profession, and snarling and biting at the heels of those who go before.

"I trust there are none among you who have come here with such mean and mercenary views. Those who have made up their minds worthily and honestly to practice their profession, must not look forward to an easy task. Art is long and life is short. Life is too short to admit of any portion of it being wasted by him who desires to become eminent in medicine. The studies you will go through with in this institution, will scarcely conduct you to the gate of the temple of medical science. You will here be furnished with a clue which may serve to guide you in your future studies, but not with that which will enable you to dispense with future study. The science is advancing with rapid strides, and much study is necessary to enable you to keep pace with it. But our ambition should be higher; we are bound to contribute according to our talents and advantages to its advancement; we should be ambitious to add a stone to the pyramid which has reached its present elevation by the labour of those who have preceded us, and thus pay to the future the debt we owe to the past."—p. 29.

Dr. May's address is chiefly on the importance of pathological anatomy to the physician. To our minds he gives it too prominent a position in the scale of utility. Accustomed as we are, and have always been, to regard the light thrown upon the nature of disease by such investigations as most important, and never to be neglected, it seems to us, that many most serious errors have arisen from its too exclusive cultivation. When the teacher makes it paramount in the eyes of students, they are too apt to *observe* the morbid appearances without always *reflecting* whether these throw light on the disease or are mere incidental complications. As regards, too, the various theories or systems of medicine on which Professor May animadverts, less mischief we think has arisen from them than from faulty observation. Undue confidence in particular drugs as adapted to particular morbid conditions, and all this founded on presumed *observation* or *experience*, has done more harm, we believe, to the science of medicine than all the systems united. These, indeed, as Dr. Hun has correctly remarked, have not been without their benefit to science.

The following extract is a specimen of Dr. May's reflections, and also of his style,—which, to our taste, is much too ornate; but, it will, we doubt not, become more chastened as years roll over his head.

"Thus, gentlemen, would time allow it, I might go on, extending the application of this important study [pathological anatomy] to almost every ramification of medical science, but I forbear. I cannot doubt that you are fully convinced of its paramount utility, and that, by your assiduous cultiva-

tion of it, you will prove it. Our profession has felt too long, and too deeply, the retarding influence of 'false facts,' based upon theoretical delusion; and even at the present day it numbers many minds who are never at ease unless they are in the world of abstractions: who are inspired with the pen, but lost when in the presence of disease—generalisers, who are unable, or unwilling to endure the slow and patient march of observation, finding it easier to *invent* for nature, rather than to *learn* from her teachings. For them an *idea a priori* is a point of departure, 'and one induction, a principle demonstrated.' They are in truth the *poets* of our science, and though their theories may dazzle by their brilliancy, or excite the admiration from their ingenuity, their *practical* influence in our profession is as evanescent as it is visionary. Like the phosphorescent spangles that are turned up by ocean's wave, they glitter in the track of the noble bark as it passes on, but emit no ray to warn her of the sunken rock—no light to guide her onward to the destined haven of her voyage! Let me caution you against following in the footsteps of such spirits, or of being captivated by their doctrines. Let me tell you that such are the minds who have ever been the great clogs to the advancement of our science, the *incubi* who have ever weighed it down. What lessons may the student of medicine read in the volumes of theory and error, which in former ages have successively risen and fallen under this wild spirit of speculation; teaching the principles of our science at one time by the absurd dogmas of the various schools, and at another by the physical doctrines of mechanics, or the visionary labours of the alchemists; giving rise alternately to the absurdities of humoralism, solidism, and vitalism; or, aided by superstition, seeking explanations in the wider regions of theosophy, magic, or astrology!

Chaos of ruins! who shall trace the void,
O'er the dim fragments cast a lunar light,
And say, 'there was or is,' where all is doubly night?

Though thanks to the influence of pathological anatomy, and the inductive character of the age, this speculative tendency is fast wearing away, its spirit is not yet crushed, and perhaps never will be in our profession. It is indeed too often manifest in the thoughts and works of those who stand forth as the teachers and expounders of its principles; and the student too often through mere reverence for *great names* is accustomed to bow blindly, like the followers of the veiled prophet of Khorassan, and receive alike the good and the evil, the truth and the error, which is placed before him. For authority, gentlemen, when emanating from the experience of those whose labours and researches have thrown light and truth in the path which you are journeying to the attainment of your profession, you cannot feel too much gratitude, you cannot cultivate too much respect; but at the same time never *worship* authority, to the exclusion of *your own reason*, for mere *authority's sake*. Recollect that the language of nature only is oracular in medicine; and whatever principles you may see in books, whatever theories you may hear in lectures, whatever precepts you shall find advanced here in this school, test them by reflection, by experiment, by the light of your own reason; and if you cannot comprehend them, do not receive, but reserve them for closer inquiry, and for future investigation."—p. 21.

*Annual Report of the Vermont Insane Asylum.*¹

This useful asylum appears to be in a flourishing condition, and well conducted. We wish we were enabled to offer a report of the condition of a similar establishment in this State, but, alas! we have not one; and the

¹ Third Report of the Trustees of the Vermont Asylum for the Insane, presented to the legislature, Oct. 1839. 12mo, pp. 24. Montpelier, Vt., 1839.

condition of the state finances has induced the governor to refuse his signature to the bill, which passed so triumphantly through the two houses during the last session of the legislature, for the formation of an extensive asylum for the insane poor of the state.

From the report before us we extract the following statement of the physician and superintendent, Dr. Wm. H. Rockwell:—

“The results of another year show an increased prosperity of the asylum, and we would acknowledge, with lively sentiments of gratitude, the many favours which a kind and merciful Providence has bestowed upon us; that we have been spared from any serious accident, and from any prevalent disease; that we have enjoyed so great a measure of health, and that so many, suffering from this afflictive calamity, have been restored to reason and usefulness.

The number of patients remaining at the close of the year,	36
There have been admitted during the year,	71
	<hr/>
Total, enjoying the benefits of the asylum,	107
There have been discharged during the year,	38
	<hr/>
There remains, October 1st, 1839,	69
Of the 39 cases discharged, there have been	
Recovered,	25
Improved,	8
Unimproved,	3
Died,	2—39
Of the 22 recent cases discharged, there have been	
Recovered,	20
Improved,	2—22
Of the 16 chronic cases discharged there have been	
Recovered,	5
Improved,	6
Unimproved,	3
Died,	2—16
Recovered of all the cases discharged,	57½ per cent.
Recovered of all the old cases discharged,	28½ “
Recovered of all the recent cases discharged,	89½ “
Recovered of all discharged the past year,	65½ “
Recovered of all the old cases discharged the past year,	31½ “
Recovered of all the recent cases discharged the past year,	91½ “

“By a reference to the above, it will be seen that there has been a larger proportion of recoveries than in either of the preceding years. Our new building has enabled us to adopt a more complete classification of our patients; and apply the facilities of the institution with greater advantage.

“The improvement of our incurable patients is an object of little less importance than the restoration of those who are curable. To improve an old case, which has been abandoned as desperate, to awaken his self-respect, to call into exercise his powers of self-control, and cause him to observe the decencies and civilities of life, requires no less skill than to restore those who are not beyond the means of cure. The improvement of our incurable patients has been great. Many of the noisy, the furious, and the violent, have become quiet and orderly, the filthy have become neat, and many that required much attention from others, now assist in performing the duties of the institution.

“As soon as a patient manifests any return of reason, his liberties are increased, and he is encouraged to exercise his judgment and self-control, by joining in the employments and amusements of the convalescents, by associating with them and the officers, and having, as far as is practicable, the privileges of an ordinary boarder at a public boarding-house. To retain this confidence, the patient endeavours to control his disordered feelings, and frequently succeeds in regaining the lost balance of his mind. Those who have sufficiently improved, walk almost unaccompanied by any one, visit the different places in the village, and in a word, are their own keepers. They rarely abuse the confidence thus placed in them; and frequently assist the farmer and attendants in watching those who require it.

“While I would again urge the necessity of an early removal of the insane to a public asylum, as the best policy in a pecuniary point of view, as well as affording a much better chance for recovery, I would not discourage the friends of those who have been insane for a longer time, from making use of the means which can be obtained only at an institution provided for the purpose. In almost every instance these old cases have been improved in their habits, and in some instances have recovered, contrary to the anticipations of every one.

“In old cases, a cure should not be speedily expected. During the past year one of our patients, who had been insane five years before admission, has been discharged recovered, who, at the end of thirteen months from the time of his admission, manifested no improvement, and at the end of seventeen months, was entirely restored. I make these remarks to correct the opinions of some who suppose three, or at most, six months, to be an adequate time of trial. Such facts should encourage us to persevere in similar cases, and not despair in our endeavours to remove this afflictive disorder.

“Insanity increases with civilisation and refinement. The farther we depart from the simple habits and customs of our ancestors, the more shall we prepare for the introduction of this disorder. When we take a view of our country, and witness its advancement in wealth, civilisation, and refinement; the many powerful temptations to embark in hazardous enterprises; the sudden accumulation and loss of property which frequently happens—the freedom of our institutions, by which the humblest citizen may aspire to the highest office in the gift of the people; the fierce and persevering strifes which are every where carried on, both in the accumulation of wealth and obtaining political distinction; and the many trials of disappointment and mortification to which all are liable; who can doubt the many active and operating causes to increase this disease in our country? Persons of all classes and stations in life, are liable to this affliction. Those who are now rejoicing in the blessings of health and reason, may soon be afflicted with this severe calamity.

“Insanity usually arises from some derangement of the functions of the brain and nervous system, and, like other diseases, requires medicinal as well as moral treatment. This disease is often so obscure in its nature and various in its manifestation, that most medical practitioners do not bestow that labour in its investigation as in other disorders; and considering the impracticability of managing many of these cases in a private family, they usually recommend an early removal to an asylum where the usual facilities can be easily applied for their restoration.

“It is almost indispensable for success in the treatment of the insane, that they be removed from their homes and their relations. It is very frequently the case that an insane person conceives a dislike, and sometimes complete hatred, towards those he formerly loved. When this occurs, the watchful solicitude of friends, and their tender and constant assiduities, not only do not promote his comfort, but greatly aggravates his disease, and increases his enmity towards them. It is, therefore, the greatest kindness

they can bestow upon the unfortunate sufferer, to remove him from those scenes of excitement and irritation.

"Among the various exertions of the present day to ameliorate the condition of our fellow men, we are gratified to notice that the condition of the insane has not been neglected or forgotten. The nature of this disease has been duly investigated and the proper remedies discovered. Abundant experience has proved the practicability of the enterprise, and many are now reaping the advantages of the discovery. It has been sufficiently proved that the insane, under suitable medical and moral remedies, may be as easily restored to reason and their former happiness, as those suffering any other disease, equally severe.

"Were there no other advantages derived from an asylum of this kind, than the increased comfort of the insane, and the relief from anxiety which friends experience when they are placed in an asylum, there would be a sufficient remuneration for the expense of the establishment. Those who are now confined in cages and strong rooms, shut out from all the comforts of life, and whose existence is one continued scene of human suffering, need some situation where they can be treated as fellow-beings, and receive those curative means that will result in their recovery.

"No one, excepting those who have bestowed particular attention to the subject, can form a just and adequate conception of the immense amount of human misery that is suffered by the insane poor in this state, and none, we are bold to say, are so deserving the commiseration of their fellow-men. If they are left to remain with their families, who are unacquainted with the means necessary for their improvement, and unable to bear the expense; or what is still worse, are removed to the town poor-houses, where they too often experience the indifference and negligence of the keepers; or, which is sometimes supposed to be necessary, are removed to the common county jail, where the security of the patient and the public, is all that is expected, need we be surprised that so few are ever restored to themselves and friends? As soon as the prison doors are closed upon them, they are placed beyond the means of cure. The community may in this way be protected from injury, but the sacrifice of the patient is generally the price of the protection.

"Another year's experience has confirmed our former opinion that useful employment in the open air, affords the best moral means for the restoration of many of our male patients. Our farm and garden afford the patients abundant opportunities for exercise and occupation, and for carrying into a still more successful operation those moral means which have hitherto proved so efficacious in restoring the lost reason. The original design, of making this institution a self-supporting establishment, is now in some measure carried into successful operation, and we trust the time is not far distant, when the insane poor can be supported cheaper at this asylum than in their several almshouses. When we take into consideration the great saving of expense from their being speedily restored, not to mention the greater comfort the patient enjoys at the asylum, we cannot but hope that the legislature will make suitable provision for this afflicted portion of our population.

"The management of a farm is familiar to most of our patients, and the different modes of cultivating it calls into exercise their judgment, and affords a subject for interesting conversation. It also furnishes the most delightful, as well as the most useful employment for the inmates. In the garden the florist and botanist have an opportunity to attend to their favourite pursuits. The horticulturalist can also be pleasantly and usefully employed in furnishing the vegetable productions for the table. On the farm, the agriculturalist can suggest the results of his own experience in better days, and illustrate it by actual experiment. And he, whose mind is so dilapidated as to take little or no interest in any thing, is furnished with employment which promotes his health and increases his enjoyment.

“Our female patients require less exercise in the open air than men. We have, however, horses and carriages appropriated for their benefit. They frequently ride, walk abroad with their nurses, and gather flowers in the garden. The matron has frequently sewing parties, which all, who are in a proper condition, attend. They consider it a great favour to attend these parties, and endeavour to conduct so as not to forfeit the privilege. Besides the animated conversation which is elicited on these occasions, some of the number frequently read some interesting book for the entertainment of the rest.

“The religious exercises at the institution have been continued as formerly. Our new chapel affords a very commodious, neat, and convenient place for meeting on the Sabbath. Until the new building is completed, but few of the male patients will be able to attend our family worship during the week.

“Much of the good effect of religious worship depends on the prudence and discretion with which it is managed. We consider the judicious employment of religious exercises an important part of our moral treatment. They serve to promote order, revive their former grateful habits and associations, and recall into exercise that self-control which tends to their recovery. That religion which breathes ‘peace on earth and good will to men,’ and whose cheering influences extend beyond the grave, affords solace and consolation to the insane, as well as comfort to the rational mind. No one, who has witnessed the influence of the Christian religion on the human mind, can for a moment doubt its efficacy in producing serenity under all the trials of life, and preventing that shipwreck of reason, which would otherwise inevitably have followed. I have always noticed that the humble believer in Christianity recovered more readily from insanity than one who was not. As soon as the former has a return of one ray of reason, he has something to which he clings, and which soothes and sustains him under all his troubles. From the effect of proper religious exercises upon the minds of the insane, we have no doubt but the time will soon come; when its use will be considered an important moral means in the management of every well-regulated asylum.

“From the benefits that have already attended our efforts, we feel encouraged to make further and greater exertions in behalf of this unfortunate portion of our fellow men, humbly relying on the favour of a benignant Providence to crown our exertions with success.”—p. 23.

MISCELLANEOUS NOTICES.

Remarkable State of the Blood in an Hysterical Girl.—Eliz. S., aged 18, light hair and fair complexion; and unmarried, was admitted August 14, under the care of Dr. Chowne. She had the catamenia first, when she was sixteen years of age, and has had returns during the last six months, at intervals of a fortnight, in all respects as if they had been at the usual period.

On her admission she stated, that she had been affected with pain in the forehead and the left hypochondrium for three months; the latter pain she had, however, been subject to for two years. It was stated that, during the week prior to her admission, she had been almost constantly in fits, both during the day and the night. She had a similar fit soon after her admission, the general character of which was hysterical.

She had a full habit of body; countenance pale; lips red; she complained still of severe pain in the forehead, and considerable pain and tenderness, on pressure, under the false ribs of the left side; pulse full and frequent; impulse of the heart great, the first sound loudest; tongue rather white; bowels generally costive. After she came into the hospital she had two or

three fits every day for some days; during these fits the inspirations were long and difficult, and made with a loud sobbing noise; the expirations were natural, and the action of the heart continued as usual; she closed her eyelids; appeared insensible to what was passing around; and could not be roused by speaking to her even in a loud voice. The fits came on suddenly; if she were sitting when they attacked her, she remained in the same posture, unless laid down by one of the nurses. There were no spasmodic or other movements, except the affection of respiration. The fit generally lasted about half an hour; when it was over she remembered nothing of what had passed. She had aperient medicine for a few days after her admission.

On the 20th, as there was no alteration in her health, she was cupped between the shoulders, to about ten ounces. The blood was set aside, and on the 23d, three days after it was taken, presented a very peculiar appearance, which, however, it had gradually assumed. The serum was scanty and reddish, and the whole clot presented a grayish-white colour; upon examination this was found on the upper side, about a quarter of an inch thick, at the sides, and below somewhat thinner. In appearance and consistence it was very similar to congealed oil, or fat, containing a little water, and resembling the coagulated fat of gravy; it also felt greasy between the fingers. The interior of the clot was crassamentum, of the usual consistence and colour, but on being broken up particles of white matter were found in the substance of it similar to that which surrounded it.

Dr. Chowne observed, that according to an analysis of this incrustation made by Dr. John Snow, to whom he had given it for that purpose, the fatty looking substance resembled fibrin in its chemical properties. On exposure to a moderately elevated temperature it became dried to a substance resembling horn. It was not soluble in alcohol, either cold or boiling. It was completely soluble in acetic acid, but only partially so in nitric acid on boiling. It was completely soluble in cold liquor ammoniæ, and in boiling liquor potassæ, and on the addition of an acid to these solutions, it was precipitated in the form of a soapy-looking matter. The serum of this blood, instead of being alkaline, showed an acid reaction on litmus. On being heated it formed only a very loose and curdy coagulium, and on being evaporated to dryness was found to contain eight per cent. of dry albumen and salts, which is somewhat less than the natural proportion.

The blood was richer than natural in colouring matter and fibrine, but as it had been exposed during a few days to the evaporating of a part of its water, the exact proportion could not be stated.

23. The fits not so frequent, but the patient still complains of pain in the head and left side. To be cupped behind the neck to four ounces. The serum of this blood presented a milky appearance; it was alkaline, and in other respects appeared natural, and on being kept a few days underwent only the usual changes.

26. Remains much in the same state; pulse full, 90. Was bled from the arm to four ounces.

31. The blood taken on the 26th, and to-day, perfectly natural.

This appeared to be one of those examples, said Dr. Chowne, in which temporary peculiarities were found in the qualities of the cultivating fluid, not attributable to any particular cause that admitted of being recognised or associated with any particular set of appearances. There were abundant instances of the ordinary products of disease being found in the blood, under such circumstances as to leave no doubt of their having been formed there during its circulation; sometimes, instead of blood, a curdy friable matter, of a dirty gray colour, more or less firm, and resembling the semi-concrete pus of certain chronic abscesses. There was an extraordinary degree of apparent capriciousness about the existence of such unusual conditions of the blood. It was not always general, and there was great want of uniformity in the quality of the blood in different parts; similar peculiarities

had been found in some vessels, while they had not existed in others. In the present case there appeared to be a disposition in the blood of the second bleeding to undergo the same change, but in that of the third and fourth all tendency to it appeared to have been lost.¹

On the Cephalic Ganglion, commonly called the Pituitary Gland, and on its connections with the Nervous System of Organic Life. By M. BAZIN. — After an historical account of the researches relating to the connections of the pituitary gland with the filaments of the sympathetic, the author passes to the facts which he has observed.

“The filaments by which the cephalic ganglion or pituitary gland is connected with the organic nervous system arise from the anterior and posterior aspects of the ganglion, from which they pass laterally to proceed immediately to the internal carotid artery, around which they wind, giving filaments to the carotid plexus. Several filaments thus anastomose with the net formed by the cavernous plexus.

“The filaments arising from the anterior aspects of the cephalic ganglion, are the largest: they form a fasciculus two millimetres wide, which is produced by the union of the two principal trunks. Arrived at the internal carotid, in the level of the concavity of the curve which it makes to go to the brain, they form a small gangliform plexus. A filament given off by the anterior trunk turns round the anterior and external aspect of the internal carotid, and divides into two filaments, each of which passes to one of the opposite extremities of the carotidian or cavernous ganglion. This ganglion furnishes several filaments, which pass to the third pair, and go to the ophthalmic ganglion. Behind, the cavernous ganglion sends several filaments to another ganglion situated between the external surface of the carotid and the first branch of the trifacial. The last ganglion gives several filaments to the outer surface of the carotid; others go to unite with a plexus situated between the third pair and the ophthalmic branch of the fifth; and this plexus gives two filaments to the sixth pair. The others go backwards, to what appears to us to be a true ganglion, situated in the internal surface of this first branch of the trifacial. The ganglionic plexus resulting from the union of the nerves coming off anteriorly from the cephalic ganglion, sends two moderate-sized filaments over the concavity of the last curve of the internal carotid, which are connected on the one hand with the *nervi molles* of the cavernous plexus, and on the other with the large filament which the superior cervical ganglion sends under the lower and outer surface of the internal carotid. Other filaments proceeding from the anterior surface of the cephalic ganglion, and others still which arise on its posterior aspect, embrace, and twine round the carotid, and are also continued to the filament we have just pointed out.

“I have discovered the same relations, only less complicated, between the cephalic ganglion (pituitary gland) and the superior cervical ganglion, in the eagle and the ostrich.”—*Comptes-Rendus*, Oct. 21, 1839.²

A Peerage refused by a Physician.—At the late creation of peers in France, the name of M. Double was decided on as that of one fit to be raised to the dignity in question. The offer was then made to him, on condition that he should renounce the exercise of his profession! To this proposal M. Double refused to consent, not choosing to purchase the honour at so dear a price; and we cannot but remark, that the spirit evinced by the French government on this occasion is very different from that which actuated Napoleon, when he constituted Cabanis, Berthollet, and Fourcroy, peers of the empire.³

¹ London Lancet, Sept. 21, 1839, p. 936.

² Lond. Med. Gaz., Nov. 29, 1839, p. 368.

³ Ibid. p. 333.

Medical Convention for Revising the Pharmacopœia.—This convention assembled at Washington on the first Wednesday of January. Owing to a mistake made in convening it on the first Wednesday, instead of the first Monday, of January, the delegates from the University of Maryland and New Hampshire did not reach Washington until after the convention had adjourned.

We shall publish the account of the proceedings of the body, of which we formed a part, as soon as we receive it from the secretaries. Nothing could have passed off more harmoniously and satisfactorily in all respects.

The Maryland Medical and Surgical Journal.—We have received the first number of this new periodical, of neat appearance, and well "got up" in all respects. It is intended to appear quarterly, at the rate of \$2.50 in advance, or at one dollar per number. The editorial committee are Drs. G. C. M. Roberts, Nathaniel Potter, James H. Miller, Robert A. Durkee, John R. W. Dunbar, and Samuel G. Baker.

We wish it every success.

NECROLOGY.

[We regret to observe in one of the latest foreign journals,¹ the death of an old and venerated preceptor.—*Ed.*]

Dr. Hamilton.—Dr. Hamilton, whose illness we announced last week, died on the 14th instant, at his house in St. Andrew's Square, Edinburgh. He had been for a great number of years Professor of Midwifery, and was the last of a generation now completely gone by. He was a very animated lecturer, and we believe, an energetic practitioner, retaining to the last the utmost vivacity in the maintenance of his opinions, as some papers published only last year, in the pages of this journal, [*Lond. Med. Gazette,*] will sufficiently demonstrate.

We have already heard of various candidates, both in Edinburgh and London, who are anxious to succeed him.

BOOKS RECEIVED.

Remarks on some of the Medicinal Springs of Virginia. By George Hayward, M. D. (Read before the Boston Society for Medical Improvement Sept. 23, 1839.)

From the Author.—Introductory Lecture before the Surgical Class of the College of Physicians and Surgeons, Fairfield, N. Y. Delivered Dec. 3, 1839. By Frank H. Hamilton, M. D., Professor of Surgery. (Published at the request of the Class.) 8vo, pp. 22. Albany, 1839.

From the Author.—A Defence of the Cosmogony of Moses, being, 1st, A Vindication from the attacks of Geologists; 2d, An Examination of that portion of Dr. Buckland's Geology, (one of the Bridgewater Treatises,) entitled Consistency of Geological Discoveries with Sacred History; 3d, A Review of an Essay on "Geology and Revelation" by J. G. Morris—an article in the American Museum for Nov. 1838. By J. Horwitz, M. D. 8vo, pp. 31. Baltimore, 1839.

¹ Lond. Med. Gaz. Nov. 22, 1839, p. 336.

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ART. I.—ON THE SOUNDS OF RESPIRATION AND OF THE VOICE.¹BY PEYTON BLAKISTON, M. D.,²

Physician to the Magdalen Asylum, and the General Dispensary, Birmingham.

Respiration.—On applying the ear to the neck and chest of a person in health, certain sounds are heard during respiration, which vary with the region in which they are listened to.

In the trachea, a coarse hollow sound is heard during inspiration and expiration, (tracheal respiration.)

At the upper part of the inter-scapular region, the sound during expiration is less intense than that during inspiration, and both are softer and weaker than in the trachea, (bronchial respiration.)

At the remaining parts of the chest, the sound during expiration is scarcely perceptible, being in most cases reduced to a short puff; while the sound of inspiration is much softer and weaker than at the inter-scapular region (vesicular respiration.)

This description of vesicular respiration differs from that of Laennec, who remarks, "en entend pendant l'inspiration et l'expiration un murmure très légère, mais extrêmement distinct, qui indique la pénétration de l'air dans le tissu pulmonaire, et son *expulsion*;" thus failing to observe the disproportion between the duration of the sounds of inspiration and expiration. Those persons who are in the daily habit of practising auscultation of the chest, will, however, I think, confirm the accuracy of the description here given.

I shall now endeavour to ascertain the manner in which these sounds are produced, and the causes of the variations in quality, intensity, and comparative duration; observed at different parts of the apparatus in which they are engendered.

This apparatus consists of a tube commencing at the mouth, divided and subdivided until it terminates in the air cells. During inspiration air is passed into it by the weight of the atmosphere, and is expelled during expiration by muscular reaction, and the resilience of the air cells and of the cartilages of the ribs. In thus passing and repassing through these tubes, the air meets with obstacles at every point where their direction is changed. Now when a current of air meets with opposing obstacles, as the wind blowing upon trees, or into a tube inclined at an angle to its direction, it is thrown into sonorous vibration, and therefore noise must be produced in the trachea and its division during respiration. This sound is not sufficiently intense to be heard until the listener places his ear in contact with the

¹ Read before the British Association for the Advancement of Science, Aug. 27, 1839.

² Lond. Med. Gaz. Oct. 12, 1839, p. 78.

trachea; in the same manner as the noise produced by a gentle blowing on a sheet of paper is not heard until the ear be placed on the paper.

The coarse hollow sound, then, heard in the trachea, is produced by the whole air of respiration passing and re-passing through this tube, and its upward and downward continuations.

At the upper part of the inter-scapular region many circumstances concur to render the sound weaker and softer than that heard in the trachea. This tube has now been divided into at least two branches, one for each lung, and hence only half of the air which enters the trachea can pass through each division; and therefore the sound generated in either of them by the friction of the air becomes proportionably weaker: and as regards the sounds similarly generated above and below this point, and respectively carried up to it by the current of inspiration and expiration, those produced in the mouth, fauces, and trachea, are weakened by divergence, and those produced in the bronchial tubes are those of one lung only, whereas the sounds generated in both lungs were carried through the trachea. Besides this, the bronchial tubes are not in actual contact with the walls of the chest, even in this spot, but are separated from them by more or less of the spongy tissue of the lungs, which, being a non-homogeneous substance, and consequently a very indifferent conductor of sound, deadens and weakens the respiratory sounds in their passage from the tubes to the ear of the auscultator. I stated that the sound during expiration was less intense in this region than that during inspiration. This arises from the additional force given to the latter sound by the vesicular respiration of the intervening portion of lung just mentioned, the sound of which is chiefly confined to the time of inspiration.

When at length the ear is placed on the remaining portions of the chest, it is no longer approximated to the *sides* of the bronchial tubes, but to their vesicular *extremities*. These are so numerous (being not only spread over the periphery of the chest, but also forming the greater part of its internal substance) that only a very minute portion of the air of respiration can reach them at any one spot, and hence very little noise can be produced in them by friction; while the sound generated in the larger tubes, although confined from total divergence in the air, is amazingly weakened and softened by the extent of surface over which it is thus spread. The sounds previously heard at the sides of the bronchial tubes are here effectually prevented from reaching the ear by the great intervening mass of spongy lung. All these causes combining to weaken the respiratory sound, the maximum intensity of which in the trachea can only be heard when the ear is brought into contact with its side, it would not be surprising were no sound detected during respiration at the surface of the chest. Another force, however, is in action. As the wind bears upon it sounds which from their great distance would be otherwise inaudible, so does the current of air during inspiration carry up to the ear those sounds which are engendered in its passage, while that during expiration acts in a contrary direction: hence the sound of inspiration is distinctly heard at the surface of the chest, while that of expiration is barely perceptible.

I shall now endeavour to ascertain *where* the sound of *vesicular respiration* is produced. Sound must be generated in every part of the trachea and its divisions during respiration, but it does not follow that every portion of it should be sufficiently intense to reach the ear of the auscultator at the surface of the chest. I cannot deny that a fraction of that which is heard in vesicular respiration may be produced by the friction of air against the interior of the vesicles, or by that of one vesicle against another, or by that of the pulmonary on the costal pleura, because a slight sound is heard at the commencement of expiration when the force of resistance is at its maximum; but I contend that the *principal* part of it is not thus produced; otherwise, taking place immediately under the ear, and therefore unaffected by the direction of the current of air, it would be heard as distinctly during

expiration as inspiration; nor on the other hand can it be principally formed in the mouth and fauces, otherwise it would be much strengthened by stertorous breathing, which is not found to be the case. The sonorous waves formed in these parts, in passing through tubes, the calibre of which rapidly diminishes, and the direction of which is constantly changing, would seem to be in a great measure broken and destroyed before they reach the vesicles. We seem, then, to have arrived, *par la voie d'exclusion*, at the bronchial tubes, as the parts in which the sound heard in vesicular respiration is principally generated; and this conclusion derives some confirmation from the fact that sibilous and sonorous râles, which are undoubtedly formed in these tubes, modify, and in some cases, totally mask the sounds of vesicular respiration.

When in certain diseases a portion of the lung becomes converted into a solid mass, vesicular respiration is replaced over the spot where that portion is in contact with the walls of the thorax, by bronchial respiration, as it has here been defined, coarse, with prolonged expiration. In endeavouring to account for this alteration, Laennec remarks,¹ "Les raisons de la respiration bronchique me paraissent assez faciles à donner. En effet, lorsque la compression ou l'engorgement du tissu pulmonaire empêche la pénétration de l'air dans les vesicles, la respiration bronchique est la seule qui ait lieu;" and Andral writes,² "Elle nous paraît dépendre de ce que l'air ne peut pas pénétrer au-delà des gros tuyaux bronchiques." Thus both writers agree in considering the bronchial tubes, which lead to the solidified lung, as the seat of the bronchial respiration which is heard in such cases. It must be remembered, however, that the current of air in the bronchial tubes owes its existence to the expansion of their vesicular extremities, and that when their expansibility has been destroyed by the deposition of solid matter in them, that moment the current must cease in these tubes, and with it the sound of respiration within them. Were the larger tubes sufficiently elastic to keep up a current, then, in a solidification of a whole lung, we should hear loud bronchial respiration, which is not found to be the case.

Dr. Jackson, of Boston, was the first to notice prolonged expiration as a characteristic sign of bronchial respiration. He writes,³ "In some commencing cases of phthisis, where the respiration is not yet truly bronchial under the clavicle, when we still hear the vesicular expansion and naught else on *inspiration*, I have discovered the bronchial sound on *expiration*. In other words, as the tubercular deposit advances, the bronchial *expiration* may be heard before the bronchial *inspiration*; it may be heard at an earlier period of the disease, and may thus become a very important sign, as making known the disease yet sooner after its origin. This circumstance is very explicable. As soon as tubercular matter is deposited, there exists a solid material around the bronchia, which will transmit the sound made by the passage of the air through these tubes; but thus early a great portion of the lung, even in the part affected (the summit), is permeable to the air, and therefore the murmur of vesicular expansion on *inspiration* entirely masks the sound of the air passing through the bronchia, which would otherwise have been transmitted through the surrounding denser medium. On expiration, however, circumstances have changed: the air, on passing through the bronchia, produces the same sound as on its entrance, and as now there is no vesicular expansion to mask it, it is easily transmitted through the diseased or condensed part to the ear of the observer." Fully acknowledging the practical value of the prolonged sound of expiration as a diagnostic sign, I cannot admit the correctness of Dr. Jackson's observation that it is heard at a period when the sound of inspiration is purely vesicular. Although it is easier to discover the presence of a sound at a time when

¹ Vol. i. p. 56, 3d edition. Paris.

² Vol. i. p. 492, 3d edition. Bruxelles.

³ Life of Dr. Jackson, p. 129.

none was previously heard, than to detect an alteration in the quality of one previously existing, yet whenever I have perceived the sound of expiration prolonged at the surface of the chest, I have at the same time found the sound of inspiration stronger and coarser than usual; in short, I have found both sounds bronchial. Neither do I think can Dr. Jackson's explanation be considered satisfactory. We cannot understand how the strong coarse sound of bronchial respiration can be masked by the softer and weaker sound of vesicular inspiration, which has in fact been shown principally to consist of that bronchial respiration modified and weakened by divergence, and borne up to the ear by the current of air. Again, were any portion of lung to be solidified and made sufficiently homogeneous to transmit the sound of expiration, it would also transmit the coarse undiverged sound of inspiration which takes place in the same tubes.

I would submit that when bronchial respiration is heard over a solidified portion of the lung, it is caused by the passing and re-passing of the air through bronchial tubes, leading to *healthy expansible vesicles*, and it is made sensible to the auscultator by his ear being brought into mediate contact with their sides by the solid lung.

Voice.—I shall next endeavour to discover the causes which tend to modify the sounds of the voice.

According to the researches and experiments of Professor Willis, the voice is formed in the larynx by the vibration of the vocal cords or plates when their planes are in a vertical position, being put into motion by the passage of the air from the lungs. The vocal apparatus, therefore, is a wind-instrument, consisting of a tube with membranous tongues.

It has long been noticed that *timbre*, a quality of tone of wind-instruments, depends much upon the material of which they are made. Wishing to know more upon this subject, I successively placed similarly constructed pipes of wood and of metal on the wind-chest of an organ; and I found that the tone became coarse, and buzzing, in proportion to the elasticity of the material. Having next varied the weight on the bellows, I found the coarseness of tone to increase with the force of the blast. Lastly, by making use of pipes of different degrees of thickness, but of the same material, I found that the coarseness varied inversely with the substance of the pipe. In each of these experiments the coarseness of timbre was proportionate to the degree in which the material of the pipe entered into vibration. Hence, I concluded that *the timbre of wind-instruments depends upon the proportion in which the solid vibration of their material are united with those of the air within them, in the formation of the resultant undulations*. Now we can hardly conceive two kinds of undulations thus uniting in different proportions without an effect being produced on the *form* of the resultants to which they give rise; and therefore it is rendered highly probable that each timbre has its corresponding form of wave. Leaving the further consideration of this subject for another time and place, I would merely remark that a jarring must take place between the undulations of the air, and those of the material of the tube surrounding it. For when the instrument is sounded, each section of the column of air, having a tendency to spread in all directions, will produce an outward bulge in the elastic material; in the next moment reaction will take place, and an inward bulge will be produced in the same spot; but by this time (the blast continuing) the next section of air will have been forced on to this spot, and, expanding, will tend to produce an outward bulge in the material, and must meet and receive a jar from the inward bulge just mentioned.

The correctness of the law which I have thus deduced from experiment, is further confirmed by reference to a few facts of daily observation. The upper notes of a flute, formed by small feeble aerial vibrations, are soft and sweet; the bass notes, formed by large powerful waves, which strongly affect the material of the instrument, are coarse and buzzing. The timbre of all reed-instruments partakes more or less of this character, inasmuch as

the vibrating reed communicates its motion to the solid instrument to which it is fixed, and causes it to vibrate with some force. Owing to the elasticity of their material, brass instruments give out the greatest possible coarseness of timbre. In the French horn, which is very long, this is not so much marked as in the trumpet, in which the whole column of air can be suddenly thrown into strong vibration by a quick forcible blast, and can thus be made to act powerfully on its material. A certain degree of thickness is required for a flute, in order that its tone may be sweet and clear. So when any one is desirous of imitating the tone of a brass instrument with his voice, he shapes his lips in such a manner as to make them vibrate strongly; and the moment the nose is closed, a coarse nasal twang is produced by the vibration of the nose itself, which may be felt with the finger, and which is produced by the reverberation of the aerial undulations within its cavity.

To return to the voice.

When the stethoscope is placed on the trachea of a person engaged in speaking, the voice seems to mount up the instrument, as if the speaker's mouth were placed close to the ear of the auscultator, and it has a peculiar buzzing tone, which excites a tingling sensation in his ear, (pectoriloquy.)

On placing the stethoscope at the upper part of the inter-scapular region the voice seems to issue from the spot on which it is placed, and its timbre is still coarse and buzzing, (bronchophony.)

When this instrument is placed on most other parts of the chest, no resonance or unusual quality of the voice is perceived.

It appears to me, that this alteration of the timbre of the voice in pectoriloquy and bronchophony, as compared with that which it has when heard issuing from the mouth, when the ear does not approach the neck or chest, has not been sufficiently noticed. Laennec, it is true, speaking of bronchophony, remarks,¹ "Son timbre a quelque chose d'analogue à celui d'un porte-voix;" but the modification which the voice undergoes in passing through a speaking trumpet has very little resemblance to the buzzing timbre of bronchophony in many cases.

In the formation of the voice, as in the notes of wind-instruments, two kinds of undulation are exercised—those of the air which passes through the larynx during expiration, and those which are communicated to the trachea by the vocal plates; and, according to what has been proved in regard to wind-instruments, the timbre of the voice must depend upon the relative proportion between these two undulations.

When the stethoscope is applied to the trachea, the sounds generated within the latter have to pass through its substance before they can reach the ear of the auscultator, and are therefore conveyed to his ear much more freely through the solid material of the stethoscope, than through the column of air contained in it, inasmuch as all sounds are propagated much more freely through media of similar molecular construction to those in which they are generated, or to which they have, as in this case, been transferred, than through those which are differently constructed. In the sound, therefore, thus conveyed to the ear, the solid bear a greater proportion to the aerial vibrations than in that which reaches it in the ordinary way through the air, when the converse takes place. This accounts for the voice sounding coarser and more buzzing when heard through the stethoscope, than when heard issuing from the mouth of the speaker. Its sound, too, in the former case, is transmitted to the auscultator with an intensity undiminished by the divergence between the mouth of the speaker and the ear of the listener, which takes place in the latter case.

These undulations which enter into the formation of the voice have a tendency to spread, not only in the direction of the mouth, but also towards the periphery of the chest. Their progress, in this direction, however, is opposed by the current of air during expiration, and by the increasing mass

¹ Vol. i. p. 66, 3d edition.

of spongy non-homogeneous lung. When, therefore, the voice is listened to at the upper part of the inter-scapular region, it is found to resound less than in the trachea, because the aerial vibrations have been opposed by the current of expiration between this point and the larynx, and because the spongy lung has already begun to surround the air-tubes, to interpose itself between them and the walls of the chest, thus deadening the solid vibrations of the tubes, and more or less interfering with the transmission of sound from them to the ear.

Lastly, at the surface of the chest, between which and the larynx the whole current of expiration has opposed the aerial vibrations, and where a very large mass of spongy lung surrounds the air-tubes, and is interposed between them and the ear, nearly all resonance of the voice ceases.

In certain states of disease, pectoriloquy and bronchophony are heard at parts of the chest where no resonance of the voice is perceived in health; and not only does the resonance vary in different cases, but also the timbre of the voice; in some cases sounding remarkably clear, in others very coarse and buzzing, with every shade between these two extremes. The law of timbre laid down in this paper, will, I think, account for these differences. Thus, when a tuberculous cavity exists near the surface of one of the lungs, and contains but little fluid, the resonance of the voice is strong, and its timbre clear: In this case, owing to the diminished elasticity of the lung which surrounds the cavity, the current of air is lessened, and in some cases stopped, in consequence of which the aerial undulations are propagated freely into the cavity, and are there strengthened by reflection and echo; hence they predominate over the solid vibrations, and soften the timbre of the voice, while they increase its resonance. When a cavity exists, surrounded by much solidified lung, the resonance is still great, and the timbre becomes much coarser, owing to the increased force of the solid vibrations. When the lung is solidified, without containing any cavity, the resonance is usually less than in the former case, but the coarseness of tone is much increased by the same law. Much depends on the proportion between the power of the voice and the extent of solidification. When the voice is very strong it will throw a whole solidified lung into vibration, and give rise to coarse bronchophony, but this is rare. In the case of a female with medullary sarcoma of the upper half of the right lung, there was no resonance of voice, because the main tube of the lung was filled with solid and semifluid matter, so that the vibration of the voice could not penetrate the bronchial tubes at all. The buzzing quality of the voice was most strongly marked in the case of a man in the wards of Addenbrook's Hospital, Cambridge, whose right lung was studded with lumps of chronic induration, varying in size from that of a nut to a walnut. The tingling sensation excited in the ear when it was applied to the back of the right side of his chest, during the act of speaking, was quite painful. I will not pursue this subject further, nor will I, on this occasion, enter upon the consideration of those modifications of the voice which are observed in pleuritic effusion; I am, however, engaged in making experiments on the propagation of sound through different media, the results of which will, I trust, throw some light upon this subject.

The following conclusions may, I think, be deduced:—

1. That the respiratory sound is caused by the friction of the air against the interior of the air-passages, and that it becomes softer and weaker from the mouth towards the periphery of the lungs, owing to the divergence of sound caused by the great space over which it is spread, and to the diminution in the calibre of the air-tubes.

2. That the sound of *vesicular respiration*, confined almost entirely to the time of inspiration, is *principally* generated in the bronchial tubes, and would be scarcely perceptible to the ear at the surface of the chest, were it not borne up to it by the current of air during inspiration.

3. That the coarse respiratory sound, heard both during the inspiration and expiration over a solid portion of lung, is generated in tubes leading to

healthy expansible vesicles, and is made sensible to the ear by its being brought into immediate contact with their sides by the solid lung.

4. That the timbre of wind instruments and of the vocal apparatus depends on the proportion in which the solid vibrations of the material of which they are made are united with those of the air within them, becoming coarser as the former predominate.

5. That in accordance with this law, the voice sounds coarser and buzzing through a stethoscope placed over the larynx, because its vibrations are propagated more freely to the ear through the solid material of the instrument (a similar medium) than through the air contained within it.

6. That the resonance of the voice diminishes from the larynx to the periphery of the chest, where it ceases, from its vibrations being gradually stifled by the opposing current of air during expiration, and by the increasing mass of spongy non-homogeneous lung.

7. That in certain diseases resonance of the voice is perceived at the surface of the chest, owing to the current of air being weakened or destroyed, and the conducting power of the lung increased; and that its timbre is altered in proportion as the propagation of one or other of its component vibrations is favoured or retarded by such morbid changes—the aerial undulations predominating in cavities, and giving rise to clear pectoriloquy, and the solid undulations predominating in solidification, and producing buzzing bronchophony.

ART. II.—DYSMENORRHŒA, ACCOMPANIED BY INFLAMMATORY CONGESTION OF THE CERVIX UTERI, EFFECTUALLY RELIEVED BY SUPERFICIAL SCARIFICATION OF THAT PART.

To the Editor of the Medical Gazette.

Sir,—I am anxious to communicate the following case, and its treatment, as I have reason to believe that the scarification of the cervix uteri, in these painful cases, is nearly, if not entirely, an original suggestion, especially with regard to abstracting from it a definite quantity of blood. Dr. Ashwell saw the case with me, and was much pleased with its effects. He requested that the operation might be repeated as circumstances required.

I remain, sir, yours respectfully,
J. L. FENNER.

15, King's Row, Pentonville, Nov. 9, 1839.

Mrs. —, a widow, æt. 39, had been long afflicted with dysmenorrhœa, accompanied with inflammatory congestion of the uterus, dating its origin many years since, from a severe and protracted labour. The nervous system was so entirely implicated in this affection, that the superior and inferior extremities, as well as the body, were continually agitated by a species of chorea. She was passing through a three months' course of mercurial friction, and had found no relief from opium or any kind of narcotics. Leeches, alone, applied round the cervix uteri, had palliated her sufferings, and these acted like enchantment, dissipating every symptom, and, after restless nights, producing a calm refreshing sleep of some hours' duration.

Nov. 1, 1839.—Appreciating the relief obtained from the abstraction of blood, and its tendency to remove congestion, it struck me as quite practicable, aided by my cylindrical tubular speculum (described in the Medical Gazette, May 25, 1839, and may be seen at instrument-makers), easily to

¹ Lond. Med. Gaz., Nov. 29, 1839, p. 358.

abstract, by slight scarifications of the cervix uteri, any quantity I might think desirable. After a few superficial scarifications the blood trickled freely, and, in a quarter of an hour, two ounces and a half (by weight) were obtained, and the tube withdrawn, when the bleeding immediately ceased. Precisely the same relief followed, with uninterrupted sleep, as was wont to result from the application of leeches. The patient said that the operation was so painless that it would not even have disturbed her sleep. Dr. Ashwell saw the patient with me, and requested that the operation might be repeated, as it seemed to have been very beneficial.

2d.—Two ounces and a half of blood were obtained under the same circumstances.

3d.—Three ounces and a half of blood.

5th.—The cervix uteri having many marks of scarification, the tube was withdrawn a little, so as to expose the *cul de sac* of the vagina. Scarifications were made, presuming that it would bleed freely, because to that part of the vagina leeches have been applied by tubes perforated at the end with holes, and unscientifically thrust up the vagina; but such tubes cannot be duly applied to the cervix uteri, though sometimes to a portion of its side. The blood trickled freely, and in a quarter of an hour four ounces (by weight) were obtained, with the same relief as by leeches.

9th. The patient having obtained more decided relief than on any former occasion from the application of leeches, the scarification is to be resumed as occasion may require, and the mercurial friction to be continued to the given time.

I have performed this operation on two other patients, and, since writing the above, have abstracted five ounces of blood (by weight) from the cervix uteri.

BIBLIOGRAPHICAL NOTICES.

*Hamilton's Introductory Lecture.*¹

We know not a more thankless task than to attempt to give a history of living characters. One man—not sufficiently lauded, to his own taste, but too much so for that of every person else, considers himself condemned with faint praise. Another feels slighted for being passed over altogether, and on the whole whatever may be the honest effort of the author to please, he must expect to fail of his object. Such, we doubt not, will be the fate of Professor Hamilton, for we see nothing in his address to save him from the common lot. Inaccuracies in such an undertaking are inevitable, and some of these Professor Hamilton has fallen into. For example, after remarking that the name of the successful soldier is in the mouth of every one, he observes somewhat pleonastically:—

“But who knows that Jenner introduced the process of vaccination, and thus arrested as by a power omnipotent the ravages of a disease which swept off annually more than half a million, and bid fair to depopulate the earth? How small a niche in the temple of fame does he occupy? Who has compiled his history, or traced the results of his discoveries? Who has

¹ Introductory Lecture before the Surgical Class of the College of Physicians and Surgeons, Fairfield, N. Y. Delivered Dec. 3, 1839. By Frank H. Hamilton, M. D., Professor of Surgery. Published at the request of the Class. 8vo, pp. 22. Albany, 1839.

ecorded the victories which his single arm has achieved, or chaunted the old pæan when he had conquered the foe, and brought back as trophies our families—all your household gods? ‘In this year Jenner introduced vaccination,’ is all the biography and epitaph of the greatest benefactor of the human race!”

Surely the biography by Dr. Baron must be regarded as tribute sufficient to his merit; and if it be not, the various eulogies in different countries of the globe cannot fail to be so. Jenner is a name that can never be forgotten.

We would correct another error: the operation for hydrocele by injection was recommended by Sir James Earle, not by Mr. Henry Earle, who died only a few years ago.

We give the author’s peroration as a specimen of his style, which is somewhat peculiar, at least to our taste.

“In conclusion, permit me to say, that I have held before you the names and characters of such of our distinguished surgeons as history and my own memory have preserved, with the view of presenting to you just models for our imitation, and also a proper and suitable stimulus to exertion in your most honourable profession. Surely what they attained with lesser advantages, you with equal talents and far greater advantages, should not barely attain, but incomparably exceed. That you may all successfully emulate a Jones, a Dorsey, or a Physic, is not a problem, but an axiom. The science which we contemplate, was, during their pupilage, but in its infancy; its rudiments only could be taught, and that too imperfectly; their genius and industry supplied therefore the lack of instruction. But with their accumulated observation, and the invaluable aid of careful and minute anatomical investigation, surgery has become an exact and almost demonstrative science. It is no longer theory and speculation—a wilderness in which all entering together do soon separate and wander—eternally diverging; but they who start aright, and are guided by the unerring needle, anatomical knowledge, will always keep their latitude, and go parallel.

“I beseech you, therefore, gentlemen, to make this your first business, to acquaint yourselves thoroughly with every point and particle of the human frame. As the skilful mariner knows every cape and bay, and guided by his faithful compass, safely rides amid shoals and rocks in the darkest night, when the winds and the waves are high—so should the skilful surgeon know well every bone and muscle—every nerve and artery and vein—where exactly they lie concealed beneath the even surface—what their normal and what their abnormal size and course—that he may be able securely to cut his way amid the most complicated textures, turning his steady hand, now on this, now from that, certain danger, though wholly hidden from sight by the darkness and depth of the wound, or the terrific gush of the sanguine flood.

“And such surgeons it becomes you all to be: By your license, whether received at this institution or elsewhere, you will be entitled and *required* to perform all the supposable chiralurgical operations. Wherever you locate, whether in the populous and maritime cities of the east, or in the sparsely settled villages of the west, sudden casualties will give frequent occasion for the trial of your skill and courage; and if you are well grounded in anatomy, you will always find yourselves amply furnished with both: but if you are not thus grounded, I trow you will experience such an utter confusion of mind and fainting of heart, as will chill your bones and press the cold dew from your blanched brows. However much you may pride yourself upon your mechanical or inventive genius, my word for it, it will prove false reliance when alone trusted. You may have the genius of a Fulton to invent, and of a Lefevre to construct, and yet you shall not know how to safely and safely open the larynx when the patient is dying from suffo-

eation—or where to tie the artery, when a soldier, deeply wounded by a bayonet thrust, is sinking from internal hemorrhage. You may understand well the cut and thrust—the manœuvres and tactics, and all the arts of war, but if you have not a chart of your enemies' country, and do not well know all the streams and mountain ridges—all the morasses—the secret passes and everglades, you will do well to lay aside your weapons, and wait quietly in your tents as men *de reserve*.

“That the requisite knowledge to become a competent surgeon is easily attained, I have not said; were it so, the goal would be less worthy our ambition. That it *can* be attained by you all, I have *dared* to say: Yet only by toil and watchfulness and unceasing industry. You must treasure with a miser's parsimony the hours of the day, and steal from the quiet midnight the moments allotted to sleep: while others meet in convivial circle, and enjoy the innocent pleasures of social converse, or make themselves merry and light in the wine chamber with the full goblet's cheer—you must be fast locked in the student's cell, with the musty tomes of Desault, Bell, and Cheselden, as your companions, and drink in deep draughts from these pure and exhilarating fountains of knowledge. Ease and fame lie in opposite poles, and he who desires the one must forsake the other. Here, gentlemen, on this spot, the roads diverge, and you shall choose: The *one* is wide and beaten, and as far as the eye can reach extends a smooth unbroken level. He who travels it is, with its thousand denizens, forgotten even while he lives. The *other* is steep and tortuous and rugged—still ascending, its termination is at a dizzy height, and many become faint and fall before they have measured half its altitude; but he who, by strength and perseverance, attains its summit, becomes himself a light and guide to those who follow, and stands forever like a star in the heavens, beaming clearer and brighter as each successive generation of man shall pass away.”—p. 22

MISCELLANEOUS NOTICES.

National Medical Convention.—The National Medical Convention for the Revision of the Pharmacopœia of the United States assembled in the City Hall, Washington, on the 1st of January, 1840.

The following delegates represented their respective medical societies and colleges in the convention, viz:—Theophilus C. Dunn, M. D., Rhode Island Medical Society; Lewis Condict, M. D., New Jersey Medical Society; Franklin Bache, M. D., Henry Bond, M. D., and Joseph Carson, M. D., the College of Physicians of Philadelphia; George B. Wood, M. D., University of Pennsylvania; Robley Dunglison, M. D., Jefferson Medical College; William W. Morris, M. D., and James Cowper, M. D., Delaware Medical Society; John R. W. Dunbar, M. D., John C. S. Monkur, M. D., and Edward Foreman, M. D., Washington University, Baltimore; Joshua J. Cohen, M. D., Medical and Chirurgical Faculty of Maryland; Thomas Sewall, M. D., and N. W. Worthington, M. D., Medical Society of the District of Columbia; Thomas Miller, M. D., Harvey Lindsly, M. D., and John W. Thomas, M. D., Columbian Medical College; John W. Davis, M. D., Vincennes Medical Society of Indiana; and Wm. Bacon Stevens, M. D., Georgia Medical Society.

The credentials of the delegations from the White Mountains Medical Society of Vermont, from the Medical Society of New Hampshire, from the Albany Medical College, and from the College of Physicians and Surgeons of Lexington, Kentucky, were presented by Dr. Condict, President of the Convention of 1830; but the delegates were prevented from attending. After the rising of the Convention, however, Josiah Bartlett, M. D., dele-

gate from the New Hampshire Medical Society, and Samuel G. Baker, M. D., and William A. Aikin, M. D., delegates from the University of Maryland, reached Washington, and by public notice in the papers stated their full concurrence in the measures adopted by the Convention.

The Convention elected Lewis Condict, M. D., of New Jersey, President; George B. Wood, M. D., of Philadelphia, Vice President; N. W. Worthington, M. D., of Georgetown, D. C., Secretary; and Harvey Lindsly, M. D., of Washington, Assistant Secretary.

With the view of giving the various medical interests of the country their due weight in the deliberations of the Convention, the surgeon-general of the army, and the senior naval surgeon at Washington, were invited to participate in the proceedings. After some other preliminary business, the Convention adopted the following resolution, offered by Dr. Bache.

Resolved, That the delegates from the different medical bodies represented in this Convention be requested to present any written communications with which they may have been charged.

Upon calling over the several delegations, it appeared that no written communication had been forwarded to the Convention, except by the College of Physicians of Philadelphia. Dr. Bache presented from this college several documents, which he stated had been prepared with great industry and care, with a view to facilitate the revision and emendation of the pharmacopœia of 1830. This communication elicited discussion; but, with a view to more definite action, Dr. Lindsly proposed the following resolution, which was adopted.

Resolved, That the communication from the College of Physicians of Philadelphia be referred to a committee, who shall also be instructed to report a plan by which the revision and publication of the pharmacopœia may be carried into effect.

It was resolved that the committee should consist of five members, to be named by the president; and Drs. Bache, Davis, Stevens, Cohen, and Dunn, were appointed.

Dr. Wood offered the following proposition, which was adopted.

Resolved, That a committee be appointed to report a plan for the organisation of the next convention for revising the pharmacopœia.

It was ordered that the committee consist of three members, to be named by the president; and Drs. Wood, Sewall, and Dunglison were appointed.

The committee to whom the documents from the College of Physicians of Philadelphia were referred, and whose duty it was to arrange a plan by which the revision and publication of the pharmacopœia might be carried into effect, made the following report, which, with the accompanying resolutions, was adopted by the Convention.

"The committee are of opinion, that the labours of revision constituting the communication from the College of Physicians would form a proper basis for the new pharmacopœia; and that this communication, and all others that shall be received from bodies which have appointed delegates to this Convention, should be referred to a committee of revision and publication, to meet in Philadelphia as soon as practicable. As it is desirable that the committee here proposed should have the assistance of pharmaceutical bodies, it is recommended that authority be given to it to request the co-operation of colleges of pharmacy in the United States. A revising committee, thus constituted, and clothed with power to fill their own vacancies, to publish the work after the completion of the revision, and to take order on all incidental measures necessary to carry out the objects of the convention, would, in the opinion of this committee, form a body to which the revision and publication of the pharmacopœia might be safely trusted. To carry out these views, the committee recommend the adoption of the following resolutions by the Convention.

"1. The communication from the College of Physicians of Philadelphia, and all other communications which may be received from bodies that have appointed delegates to this Convention, shall be referred to a committee of

revision and publication, consisting of seven members, three of whom shall form a quorum.

"2. The committee, thus constituted, shall meet in Philadelphia, and be convened, as soon as practicable, by its chairman.

"3. The committee shall be authorised to request the co-operation of the colleges of pharmacy in the United States; to publish the work after the completion of the revision; and to take all other measures which they may deem necessary to carry into effect the object of the Convention.

"4. The committee shall have power to fill its own vacancies.

"5. When the committee shall have terminated their labours, they shall prepare a report of their proceedings, and transmit it to the secretary of this convention, to be laid before the next convention.

"All which is respectfully submitted.

FRANKLIN BACHE,	} Committee.
JNO. W. DAVIS,	
W. BACON STEVENS,	
JOSHUA J. COHEN,	
THEOPHILUS C. DUNN,	

Washington, Jan. 3d, 1840."

The Convention then proceeded to choose the members of the committee of revision and publication, proposed in the above report; and Drs. Wood, Bache, Dunglison, Cohen, Dunn, Stevens, and Sewall, were appointed.

The committee whose duty it was to arrange a plan for the organisation of the next convention for revising the pharmacopœia, made a report, which, at the suggestion of Dr. Stevens, was amended so as to make the first Monday in May, 1850, the time for the meeting of the Convention, instead of the first Monday in January, 1850. The report thus amended, and modified in other respects to suit the change, was adopted by the Convention, as follows:—

"The committee appointed to suggest a plan for organising the next convention report, that they have taken the subject into consideration, and ask leave to submit the following resolutions, which, with a few modifications, are the same as those adopted, in 1830 for the organisation of the present Convention.

"1st. The president of this Convention shall, on the 1st day of May, 1849, issue a notice, requesting the several incorporated state medical societies, the incorporated medical colleges of physicians and surgeons, and the incorporated colleges of pharmacy, throughout the United States, to select a number of delegates not exceeding three, to attend a general convention to be held at Washington, on the first Monday in May, 1850.

"2d. The several incorporated bodies thus addressed shall also be requested by the president to submit the pharmacopœia to a careful revision, and to transmit the result of their labours through their delegates, or through any other channel, to the next convention.

"3d. The several medical and pharmaceutical bodies shall be further requested to transmit to the president of this Convention the names and residences of their respective delegates as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of February, or March, 1850.

"4th. In the event of the death, resignation, or inability to act, of the president of the Convention, these duties shall devolve on the vice president, and should the vice president also be prevented from serving, upon the secretary, or the assistant secretary, the latter acting in the event of the inability of the former.

GEO. B. WOOD.	} Committee.
THOS. SEWALL.	
ROBLEY DUNGLISON.	

Washington, Jan. 3d, 1840."

The following resolutions were offered by Dr. Wood, and adopted by the Convention :—

Resolved, 1st. That the secretary take charge of and preserve the existing records, until his successor shall be appointed by the convention of 1850, when it shall be his duty to hand them over to such successor. 2d, That, in case of the death, resignation, or inability to act, of the secretary, his duties shall devolve upon the assistant-secretary. And 3d, That it be recommended to future conventions to appoint their secretary or secretaries from members residing in the District of Columbia.

Dr. Bond offered the following resolution, which was adopted :—

Resolved, That the committee of revision and publication be requested to take such measures as they may deem most effective to induce physicians and apothecaries to adopt the nomenclature of the Pharmacopœia, in their prescriptions and labels.

Dr. Dunglison offered the following resolution :—

Resolved, That the officers of the Convention be requested to prepare orthwith for publication such part of the transactions of this Convention as may seem to them adapted for making extensively known its important objects and proceedings, and that they be authorised to publish the same in the various medical journals of the United States, and in such of the daily or other newspapers as they may think proper.

This resolution was adopted, and it was made the duty of the secretary and assistant-secretary to carry it into effect.

Having transacted business of great interest to the medical profession of this country ; having passed votes of thanks to the officers of the Convention for the able and dignified manner in which they had discharged their respective duties," and to the Board of Aldermen of Washington, for the use of their hall, the Convention, after a session of three days, characterised by a spirit of generous cordiality which must contribute greatly to secure the objects for which they assembled, adjourned.

By order,

N. W. WORTHINGTON, SECRETARY.
HENRY LINDSLY, ASSISTANT SECRETARY.

P. S.—The medical journals throughout the United States are respectfully requested to copy the foregoing abstract of the proceedings of the convention.

*Poisoning by Mushrooms.*¹—On the 1st October, 1838, M. O., the father of a family, collected some mushrooms, which he said were of a good sort, in an orchard bordering on a sheet of water near his house. They were sliced, cut into bits, and steeped in water; they were then boiled in oil with sweet herbs, and made a large dish, which was served up at dinner at six o'clock.

M. O., the father, ate some before they came to table, and very plentifully at dinner.

M. O., the son, ate the greatest quantity next to his father.

Madame O., the mother of the family, of a weak constitution, and living very temperately, ate but few.

The grandson of M. O., aged six, ate a good many for his age.

Mademoiselle Julie, the niece of M. O., had but few; and Rose, the cook, ate them while stewing.

The following were the symptoms experienced by each person :—

M. O., the father, passed the night well, and went out, feeling better than ever, at six in the morning, to walk in the park. About eight he felt uncomfortable; anxiety and nausea came on, and then vomiting of mucous and greenish substances, with bits of undigested food; with copious half-

¹ Lond. Med. Gaz. Oct. 12, 1839, p. 110.

liquid stools, containing fragments of a spongy appearance. The vomitings were succeeded by retchings, with general weakness, coldness of the extremities, paleness of the face, burning thirst, and dryness of the throat and mouth. During the night, cramps came on in the calves of the legs and soles of the feet; the face was contracted, the limbs cold and livid; the urine was suppressed; and the pulse vanishing. From time to time there were intervals of sinking, but without drowsiness or delirium, and the patient was perfectly himself.

On the 3d, the cramps and vomitings had ceased; the liquid stools continued but were less frequent; there was less colic; no pain in the head, and but slight tendency to drowsiness. Towards the evening, during the night, and particularly on the morning of the 4th, the symptoms, which had seemed to diminish, became frightfully intense; the alvine evacuations, though less frequent, were tinged with deep black blood.

Towards 6 in the evening, the debility made rapid progress, yet the patient still preserved his recollection. In spite of the active employment of stimulants, he sank, after a death-struggle which lasted thirty or forty minutes. M. Pallois [who narrated the case], did not see him till the 2d, after the vomiting and purging had probably carried every particle of food out of the alimentary tube.

M. O., the son, was attacked on the 2d, at daybreak, with vomiting, and had copious stools with but little colic. Repose, and the use of soothing drinks, and emollient clysters, were prescribed. Under the influence of these remedies, the symptoms, which were at first attributed to mere indigestion, lost their severity; but for five days running, the patient experienced retchings, mucous stools of greenish and blood-stained tints, coldness in the limbs, tendency to swoon, and considerable thirst, with dryness of the mouth; the pulse was very weak, but regular; there was a notable diminution of the urine, and considerable agitation with slight delirium during the night. These symptoms gradually increased. On the fourth day a stool was passed, consisting of blood almost entirely pure; yet there was a remarkable mitigation of the other symptoms, with a little diaphoresis during the night.

It was not till the evening of the 6th of October that the patient could be considered as out of danger; but he was still very weak, and passed liquid stools, the colour of which, however, sensibly improved. He was not convalescent till the 8th.

During the course of his disease the symptom which harassed him the most was a want of sleep, which was not relieved by the slight narcotics given him.

Madame O. passed the night following the poisoning without feeling any inconvenience, but was severely ill afterwards. However, she experienced a fortunate reaction; the vomitings and purgings having entirely ceased. On the fourth day she was attacked with feverishness; and on the 6th of October, a bleeding from the arm to four ounces cured a dull and wearying headach.

The child, for three days, was seized with vomiting when he drank, and had watery stools of a grayish colour, without much colic; he continued weak and pale, and began to take a little light food about the fifth day after the accident.

Mademoiselle Julie had only frequent liquid stools of a grayish colour and fetid odour, with colic, nausea, and total loss of appetite; she grew pale and thin.

Rose, the cook, had several liquid stools without any bad consequence. The remains which she threw away in the evening on washing the dishes having been eaten the following morning by a young hound, he died in ten or twelve days, with vomiting, agonising pain, and convulsions. A cat in the house had the same fate.

M. Pallois having gathered mushrooms in the same place as M. O., and

being assured of their identity by persons who were present, soon saw that they were of the kind called *agaricus bulbosus* by Bulliard; *amanita viridis* by Persoon; and *agaricus phalloides* in Chevallier's Paris Flora. Their popular names are *orange* and *petite ciguë blanche*, (small white hemlock), and their poisonous action is the more terrible, as it is not felt, according to Vaillant, till twelve or fifteen hours after the mushrooms have been swallowed; an assertion which is completely verified by the preceding acts.—*Bulletin Méd. du Midi.*

Peculiarity in the Transmission of Hydrophobia. By S. H. STEELE.¹—On the 20th of May last, two ewe sheep were bitten by a dog labouring under hydrophobia. One of them had two lambs at her side, which were allowed to continue with her for a fortnight after the bites were received. She was bitten and torn considerably about the head. The other also had one lamb (a ram) with her. She received one bite only, in the neck; it was, however, a very severe one. The lamb was allowed to remain with her the same time as the others. About six weeks after the bites had been received, the first named ewe evinced the following symptoms:—she was observed often pawing and striking the other sheep like a ram—a very uncommon circumstance in a ewe; she was convulsed at intervals—she continually turned her head to her side in a convulsive manner; the bowels were very much constipated, and what little came from her was of a red colour; she refused all food. These symptoms continued, increasing in violence, for about eight days, when all hope of her recovery being abandoned, she was destroyed. A day or two afterwards, the other ewe became affected in the same manner, and the whole circumstances of the case were precisely similar to those of the former. She was killed on the seventh day, nine or ten days after the death of the last sheep, the ram lamb was attacked in the same manner as its mother; it was, however, much more violent, sitting at the other sheep, and at the hurdles, and at any thing else that came in its way; it was continually tearing the wool from its side. It expressed no uneasiness at the sight of water in a ditch, part of which was enclosed along with it by some hurdles. It was killed a week after the first appearance of the symptoms. The other lambs were attacked at the same time, and in a similar manner, as the ram, but were not so violent. They were, however, killed together, as their cases appeared equally hopeless.

The great singularity which is observable in the cases is, that *the lambs came rabid merely from sucking ewes which had been bitten by a mad dog*, for the lambs were removed from them a month before the ewes became affected. The lambs were all carefully examined, in order to discover any bite they might have received, but not the slightest scar could be discovered. The same dog bit a number of other sheep in the neighbourhood, a greater number of which died of hydrophobia. He bit a man, also, in the hand, but excision was performed, and he has hitherto done well. No attempt was made to relieve either the ewes or the lambs.

*Ergot of Rye—its Effects on the Fœtus.*²—Mr. Proctor, in reference to the effect of ergot of rye on fœtal life, said, that a friend of his, in extensive midwifery practice in the country, had, from considerable observation, come to the conclusion that it did affect the life of the fœtus. He, Mr. Proctor, sought this conclusion to be well founded. When labour was terminated by this agent, the action was unnatural, the pain was continuous instead of intermittent, and consequently violent. He had been alarmed, in several cases, at the effect of the ergot of rye on the mother. He had seen it in one instance produce delirium and vertigo, and in another umbilical hernia. His friend in the country, to whom he had alluded, instead of taking ergot of

¹ Lond. Med. Gaz., Oct. 25, 1839, p. 160.

² Reports of Medical Society of London, in Lancet, Oct. 26, p. 168.

rye in his pocket when he went to a labour, had now substituted tea and sugar, and this was acting upon the safe side.

Dr. Bennett inquired in what way it was supposed the ergot acted injuriously to the infant; was it by producing apoplexy in the mother, or by acting directly on foetal life?

Mr. Statham had administered the ergot of rye in many cases, and he had come to the conclusion that it was injurious to foetal life. He had at first thought its use admissible in all cases in which the os uteri was dilated to any extent. He now never gave it except when the child's head was in the pelvis, and then he had no doubt of its being advantageous, if the os uteri were flaccid. He considered that the ergot acted injuriously, by producing pressure upon the umbilical chord, and stopping the circulation.

Dr. L. Stewart said, in a discussion which took place in the society a year or two back, he believed it was a generally entertained opinion that the ergot acted specifically, and had no general physiological action.

Dr. Theoph. Thomson said, that the observations of American practitioners upon a large scale, confirmed the opinion that ergot was destructive of foetal life. The violent and long-continued contraction of the uterus, when influenced by ergot, might so affect the circulation of the mother as to endanger the foetus. It might be argued that the blood passed very gradually through the placenta, and that therefore this could not be the mode in which the injury was inflicted; but there was still a large quantity of the circulating fluid passing through the placenta in a given time, and it might possibly act in this way.

Mr. Proctor did not consider that the ergot acted upon the infant as a poison through the agency of the mother. He had seen a case of twins, in which the ergot was given; one child was living, the other dead. Had the ergot acted as a poison through the mother, it would have had the same effect on both children.

Dr. Stewart inquired if any member had employed the medicine under consideration in any other cases than labours.

Mr. Statham had used it in a case of chronic bronchitis without effect. It was of great benefit in menorrhagia and abortion, and much superior to acid medicines.

*Apparatus for Vapour Baths.*¹—The following is a description of a cheap and commodious apparatus for vapour baths, which was lately presented by M. Duval to the Royal Academy of Medicine:—

M. Duval's apparatus consists

1. Of a spirit-lamp, with four wick burners, which contains a decilitre of alcohol at 36 degrees. The centre of the lamp is pierced by a small opening to permit the escape of the alcoholic vapour.

2. Of a three-footed stand, composed of iron wire, and intended to support the reservoir of water. This latter contains four decilitres of water, and is closely covered in; to the cover, however, is fitted a tube through which the vapour may be conveyed to different parts of the body, and which is furnished with a cock for the purpose of stopping the vapour when necessary. When a general bath is administered the body may be enveloped in a blanket supported on hoops, and the blanket covered with oil-cloth.

The quantity of spirit contained in the lamp is sufficient to keep up combustion during fifty or sixty minutes, at a cost of about *two-pence*. The cost of the whole apparatus is not more than two pounds five shillings, while those commonly in use cost not less than from twelve to twenty pounds.—*Bul. de l'Acad. de Méd.*, Nos. 19 and 20, 1839.

¹ London Lancet, Oct. 12, 1839, p. 102.

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For the American Medical Intelligencer.

ART. I.—CASE OF DIFFICULT LABOUR, WHICH WAS SUCCESSFULLY TERMINATED BY THE USE OF THE FORCEPS.

BY W. H. MÜLLER, MEMBER OF DR. WARRINGTON'S OBSTETRIC CLASS.

Mrs. R. C., aged 30, in her eighth pregnancy, was taken with labour-pains about 6 o'clock in the evening of Wednesday, Oct. 9th, 1839. She having been confided to my charge by Dr. Warrington, I was sent for shortly after 9 P. M., on Wednesday. On reaching her, about 10 o'clock, I found the pains pretty severe, and succeeding each other at intervals of from three to five minutes; there appeared also to be an alternation of weak and strong pains. On examination to ascertain the progress of labour, the lips of the os uteri were found to be large and soft, but as yet there was no perceivable dilatation. A second examination, about one hour afterwards, discovered the orifice considerably enlarged, the edges of the os uteri being very thin, sharp, and relaxed. Finding that after the lapse of another hour no progress was making, while the pains continued severe and frequent, Dr. Warrington was sent for, and arrived about 1, A. M. The uterine contractions at this time were very active. The position which the patient had all along found most convenient was that upon the knees, while she supported herself by resting the elbows on a chair, and was loud in her entreaties to the attendants to bear down upon her back. The membranes were ruptured by Dr. Warrington soon after his arrival; these were so soft posteriorly as to present a sort of pad, and give an idea of a portion of the placenta. There was, however, no hemorrhage. The vertex was found posteriorly, sometimes presenting to the right, and sometimes to the left sacro-iliac symphysis. The promontory of the sacrum was much greater than usual; a spine of bone was thrown backward from the symphysis pubis to the extent of one eighth of an inch; a projection of bone appeared also to spring from the linea ileo-pectinea, opposite the left acetabulum, sufficient to interfere with the usual dimensions of the pelvis. The patient complained of the most severe and intolerant pains in the back when uterine contractions occurred, and would press her hands with the utmost force into the lumbar region; insisting, moreover, as above remarked, upon "taking her pains on her knees, and having two women to press with their whole weight upon her back." Under the most severe contractions, the fœtus was scarcely at all advanced. At 4, A. M., having summoned two other members of his obstetric class, viz. John R. Justice, and Edward Hartshorne, the former of whom arrived very shortly, Dr. Warrington attempted the introduction of the long forceps, (the patient being placed upon her back at the foot of the bed.) Both blades could be passed in easily, but it was impossible to bring them to lock, though both blades were frequently alternately withdrawn and rein-

roduced. Thinking it might be possible to introduce and lock the narrow-bladed short-handled forceps of Professor Davis, of London, Dr. Warrington went home, and returned with Davis's narrow, and also his broad-bladed forceps. The narrow blades were passed into the pelvis, but owing to the relation of the child's head with the tumour, he was unable to adjust them so as to make them lock. Dr. W. then proposed a consultation with Professor Hodge at 8½, A. M., requesting me in the mean time to take some repose and refreshment. Mr. Justice left at the same time, to meet another engagement. Messrs. Edward Hartshorne and Moore now arrived, and thirty-eight drops of laudanum were given to the patient, with the hope of enabling her to take some repose. The contractions continued incessant and severe, and upon a subsequent examination (as Dr. W. has recorded in his notes of the progress of the case during my absence,) it occurred to him that if he would change the position by the vectis, so as to place the left temple of the child in the situation now occupied by the right parietal protuberance, he might apply the blades advantageously. Dr. W. then introduced the vectis under the right ramus of the pubis, and applied the hollow surface to the side of the child's face, swept it round under the arch, and succeeded in bringing the occiput to the second position. This was done while the patient was upon her left side. As she was firmly fixed and well supported by Messrs. Hartshorne and Moore, Dr. W. passed in the wide-bladed forceps of Davis, locked them readily, and began to act with some effect, when the bolt which is intended to secure the joint made in one of the blades for its more ready introduction in certain cases gave way, and rendered that blade useless. Dr. W. immediately withdrew the blade, and adapting it to the opposite blade of the narrow forceps, found that they had the same lock and curve, and determined to slide in the narrow blade, which could be opposed to the broad one still in the pelvis. The attempt succeeded most satisfactorily. Having every thing now well adjusted, some vibratory motion was used in the direction of the bi-parietal diameter of the child's head, at the same time traction effort was made to the entire extent of his physical strength, for several seconds; the patient, making a most vigorous expulsive effort, the child began to advance slowly—rotation was effected, and in probably five minutes the occiput appeared at the anterior commissure of the vulva. The perineal tumour now became large; it was supported, and the head was extruded. The shoulders were equally retained for several minutes; by strong assistance, however, the whole fœtus was delivered by about 8 o'clock;—the placenta being delivered by Mr. G. Hartshorne, and the bandage applied by the assistance of Mr. E. J. Moore. The patient was then placed comfortably in bed, with directions that she should be kept entirely quiet. The child, which, contrary to expectation, was living, was washed and dressed. The left side of its forehead gave evidence of the pressure to which it had been exposed, as the cuticle was stripped off to the extent of one by two inches. This was dressed with simple cerate.

Thursday evening, Oct. 10th.—Patient has slept well since this morning. Has had considerable thirst. Drink—toast water, and oat-meal gruel. Complains of feeling very sore about the vulva, and of general weakness. Abdomen tender; has slight oppression of the chest. When ordered to cough, complains of pain in pelvic region. Patient was seen this afternoon by Dr. Warrington, who drew off a considerable quantity of urine by the catheter. An additional quantity is now again drawn off by the same means. Pulse not much disturbed, nor is heat of skin great, but rather cool and moist; no headach; doing very well.

Ordered a bread poultice over pubis, and the cloths to be changed every three hours.

Friday morning.—Slept soundly all night, and was not disturbed to change the poultice.

Friday evening.—Patient has now a slight fever. Eighteen ounces of blood taken from her by Mr. E. Hartshorne.

Saturday morning, 9 o'clock.—Had a good night's rest; slight tenderness of abdomen yet; pulse strong, and about 96; skin warm and moist. Ordered a dose of castor oil, to be followed by an injection of salt water, if it does not operate.

Saturday evening.—Patient doing very well; pulse 95; skin as above. Has not slept much during the day. Castor oil caused six dejections. The uterus soft, and in the right side; pain caused by slight pressure in that region; patient now passes her urine freely. Vagina was now washed out by a few aqueous injections.

Sunday morning, 13th.—Patient slept well during the night, and feels comfortable. Perspired considerably last night; pulse now about 95; skin moist and cool. Had copious lochial discharge since last visit; breasts well filled.

Monday morning.—Still doing very well; pulse and skin natural; tenderness of abdomen gone; slept well all day yesterday, and therefore not much last night; appetite good; restricted to a diet of oat-meal gruel and gum water. Lochia still copious, and not offensive; tongue clean. Child also doing well.

Tuesday afternoon.—Still doing well. Complains yet, however, of much weakness in the back.

Thursday afternoon.—Mother and child both doing well. Wound in the child's scalp suppurating. Ordered to continue Goulard's cerate.

Saturday afternoon.—Improving as usual. The mother was out of bed the greater part of yesterday, and to-day complains of weakness, and is not so well. Thirst considerable; has had three stools since this day week; appetite good. Diet of chicken soup, toast and tea, oat-meal gruel. Milk abundant, and breasts painfully distended. She is relieved by having them drawn frequently.

Complains of very hot feet, for which she was ordered a tepid foot-bath, and to leave them uncovered in bed.

Ordered a dose of castor oil.

From this time the patient continued to gain strength rapidly, and in a few days stood in no need of further attendance. Child's head healed.

WM. H. MÜLLER.

ART. II.—CASES OF CHRONIC HYDROCEPHALUS SUCCESSFULLY TREATED BY PRESSURE.¹

BY J. P. BARNARD, ESQ., SENIOR SURGEON TO THE WALCOTT DISPENSARY, &c.²

The following cases illustrate the efficacy of a mode of treatment which Mr. Barnard strongly advocates in chronic hydrocephalus. Mr. Barnard informs us, that he was led to adopt this plan of treatment "from observing some adult heads, of such a size as could have been caused by no other than hydrocephalus in infancy." In these cases Nature probably had effected a cure by a comparatively early union of the bones of the head, thereby forming a natural and most efficient bandage. Hence, the obvious indication to imitate Nature and apply gradual compression to the head.

CASE 1.—A child, about a year and a half old, was born to all appearance healthy, and continued so until six months old, when the head was first observed to increase in size. Mr. Barnard did not see it until the disease

¹ From a pamphlet recently published by Simpkin & Co., London.

² London Lancet, Oct. 12, 1839, p. 62.

was so far advanced as to make him almost despair of its terminating favourably. The head was exceedingly large, weighing nearly as much as two thirds of the rest of the body, and measuring in circumference twenty-two inches and a half. The child lay in a state of stupor, and was unable, in the least degree, to move its head. There was slight strabismus and a rolling of the eyeballs, and almost constant startings of the muscles of the whole body, but more particularly of the face. The countenance had a cadaverous appearance, and the skin was of a yellowish colour; the eyes were sunk in their sockets, and inclosed in a dark ring. The flesh was flabby and seemingly hanging on the bones; the evacuations from the bowels were particularly unhealthy, sometimes green, sometimes blackish, but never of a healthy colour, nor indeed had they been healthy since half a year after its birth. The tongue was constantly covered with a thick white coat; when its head was moved it screamed, and seemed sensible of pain. The head was directed to be shaved perfectly clean, strips of adhesive plaster, about three quarters of an inch wide, were then applied completely round the head from before backwards, and so that the ends overlapped each other two inches behind, and covering the space from the eyebrows to where the hair commences, and as low down as the ears would permit; then, with cross strips, from one side to the other, over the crown of the head; and, lastly, one long strip, reaching from the forehead within half an inch of the root of the nose over the crown of the head, likewise to the nape of the neck. This gave effectual support to the parietes of the cranium. The whole head was kept constantly covered with linen dipped in cold water, and the child took no other medicine than a little castor oil, when the bowels required it. The good effects of this practice were evident; in less than a week the little patient could move its head much better, the squinting had disappeared, the secretions from the bowels were more healthy, and the startlings of the muscles were less frequent. He had not screamed on rolling or moving the head since the bandage was applied. In a fortnight, the size of the head was reduced in circumference three quarters of an inch; the child was more lively, and began to take notice of the persons around it; the secretions from the bowels were healthy and evacuated regularly; the tongue nearly clean, and the skin of a natural colour; the countenance more composed and animated.

Two months after the bandage was first applied, the child appeared in every respect healthy, but the head was still larger than it ought to be—measuring twenty inches and rather more in circumference; the flesh was firm, and the skin of a healthy mottled hue. The bandage was worn about two months longer, having been renewed about once a fortnight. The bones were then united, and the head firm, and the child well, only requiring time to bring its muscles into action which had been so long quiescent.

CASE 2.—J. W., a child ten months old, who, according to the account received from the parents, was born perfectly healthy, and remained so for a month, when it appeared to fall into a sickly and unhealthy state, as they supposed from dry nursing, the mother being unable to suckle it. Two medical men in succession had been consulted, without advantage, and the head, I was told, had been enlarging for some months. It now measured twenty-one inches in circumference; the fontanelles were quite open and distended, and the bones loose and movable; the complexion sallow, face bloated, muscles relaxed and flabby; pupils dilated and insensible to light, strabismus, and sometimes convulsions. She lay in a half comatose state, and appeared to be insensible to things passing around her; bowels regular, but excretions unhealthy. Mr. Barnard directed the head to be shaved, and then applied the adhesive plaster in the manner described, omitting the application of cold water.

March 5. In a week the general symptoms were improved, secretions from the bowels healthy, and the squinting gone; head not decreased in size; plasters firm; had taken her food better.

16. Has had no convulsions since second; bowels still continue regular, with only one dose of castor oil; countenance much improved, and complexion clearer; begins to take notice of things passing around her.

April 10. Plasters have begun to loosen; they were therefore removed, and fresh applied. The head was found to have decreased half an inch.

From this time the health of the child regularly progressed, and every bad symptom had left her by the end of the month.

May 6. The child has gained flesh, and the muscles become much firmer. Appetite good, and has generally a healthy appearance. The plasters were again renewed, and the circumference found to have decreased an inch. They were again renewed in the beginning of June, and left off the following month, when the child appeared in perfect health, the head measuring eighteen and half inches.

CASE 3.—January 15. Jane Parfit, a child eight months old, was born with a large head, which has sensibly increased up to the present time. Both the anterior and posterior fontanelles are very open, and the parietes distended; the bones of the skull are thin, movable, and separated from each other. She is constantly in a recumbent position, from inability to sustain the head upright; pupils dilated, and insensible to light; slight strabismus, occasional convulsions, and great restlessness, sickness, and unnatural secretions from the bowels; appetite good, almost voracious; face pale and emaciated; an inattention to surrounding objects, amounting almost to coma. The head was shaved, and the plaster bandage applied; the circumference of the head is nineteen inches. The compression produced no additional uneasiness, nor any increase of symptoms. Castor oil to be given occasionally, if required.

During the first month there was little apparent alteration in the size of the head, or the state of the patient, excepting that the convulsions were thought to be not so frequent, and the evacuations had a more healthy appearance. The castor oil had only been given twice; strapping quite firm.

March 2. Has had no convulsions for a fortnight; strabismus gone, evacuations natural and regular; head appears to be gradually getting firmer; expression of the face much more pleasant and healthy; sleeps well.

15. The plaster was renewed, as it had become corrugated in several places; the long strip, from the forehead to the occiput, was omitted, as from the increased firmness of the head it appeared to be useless. At this renewal the head was found to have decreased in size half an inch.

The case went on well for six weeks, without one untoward symptom. The child has increased in flesh; the evacuations are natural; the convulsions and restlessness have entirely disappeared; the head is much firmer; the fontanelles are smaller, and the sutures are nearly closed.

May 3. Strapping renewed; the head, by measurement, has diminished but little; the child is better able to move it, although the muscles of the neck have not yet sufficient strength to sustain it. Has out four teeth since the commencement of the treatment.

From this time the little patient gradually improved in health and strength. The plasters were again renewed for the last time about the latter end of July; the child was now able to hold up its head with but little oscillation. In September it appeared in perfect health, with a head rather larger than common (measuring about eighteen inches in circumference), but quite firm in every part, excepting a small portion of the anterior fontanelle. Mr. Barnard saw the child twelve months after, when it seemed, in every respect, to be well.

CASE 4.—At six months old I decided on submitting to the process of compression the head of this child, which measured 19½ inches in circumference. The fontanelles were much open, and distended with fluid; the bones loose and movable. The child was perfectly unable to sustain its head, and lay constantly in a recumbent posture; the countenance bloated

and indicating distress; pupils dilated and insensible to light; strabismus, restlessness, and occasional convulsions; skin dry and harsh, and urine scanty; bowels rather costive. The head was shaved, and the plasters applied on the first of June.

June 15. There is a marked improvement in the state of the child; he was much quieter, and the strabismus had disappeared; the pupils contracted a little on the admission of light; countenance better; plasters firm.

July 2. Have had some trouble in keeping the bowels open with castor oil, but the child in every respect is better; the countenance with rather a comfortable expression; skin soft; and urine passed in a natural quantity. The plasters were renewed, and the head found to be reduced in size full half an inch.

24. The plasters again renewed. The child continues improving; the face has now a natural and pleasant expression, and every symptom of anasarca gone; bowels more regular, and requiring castor oil only about once a week. After this the plasters were twice renewed, and the patient gradually improved, both in health and strength, until the beginning of October, when he was attacked with measles, which, however, he passed through favourably; and in the beginning of December appeared to be in perfect health, with the head reduced to eighteen inches, and quite firm, except the anterior fontanelle, which was still partially open.

CASE 5.—A child twelve months old, whose head was observed to have been increasing in size for the previous four months, now measured in circumference nineteen inches; the fontanelles and sutures were much open, but the parietes were not particularly distended, although fluid could be distinctly felt; the whole head was loose and flabby, and the bones as it were floating; the countenance shrunk and pallid, and the body generally much emaciated; pupils dilated, and one eyelid dropped, which the patient seemed perfectly unable to lift; slight convulsions occasionally; but usually it lay in a quiet sleepy state; took its food rather voraciously; the bowels irregular, sometimes loose and sometimes costive, but the excretions always unhealthy. It had been attended by three separate medical gentlemen, who had given up the case as hopeless.

The head was shaved, and the adhesive bandage applied on the 10th of March; and, although compression was carried to a much greater extent than I had ventured on in any other case, no untoward symptom followed.

For three months no particular change in the state of the child took place; at this time, June the 10th, although the plasters were still firm, I thought it well, from the growth of the hair and other circumstances, to renew them, which accordingly I did. The bowels were still irregular, requiring occasionally a dose of castor oil, which answered the purpose exceedingly well, and no other medicine was given; the appetite still continued good; the food consisted of bread and milk and arrow-root.

July 15. The plasters again renewed; no particular change in the state of the patient. The head appeared rather firmer, but no alteration in size; the bowels more regular, and evacuations somewhat improved. Diet ordered to be altered to beef tea and jellies.

Sept. 5. Both eye-lids in perfect action; no convulsions; bowels regular, and evacuations healthy; countenance expressive of ease and comfort; can sit up with little assistance, and appears lively; head much firmer, and reduced in size half an inch; gains flesh.

Oct. 29. The head is firm, and the sutures quite closed; the child begins to walk about, as yet rather staggering; plasters left off. The child continued to progress, and in three months was restored to perfect health.

CASE 6.—A child, three months old, was born with rather a large head, which had increased gradually up to this time, and measured seventeen inches. The symptoms were similar to the former cases, with the exception of squinting, and no drooping of the eyelid. The head was shaved, the plasters applied on the 15th of August. In two months the condi-

tion of the child was much improved; the head firmer; no convulsions; bowels regular, and evacuations healthy. The plasters were reapplied twice in the course of the following three months, and no untoward symptom had presented itself. By the end of January, the child appeared perfectly recovered; the sutures had quite closed, and the anterior fontanelle nearly; but strange to say, the head had not lessened in size from the commencement. It was suckled through the whole course, and seldom required the castor oil.

For the American Medical Intelligencer.

ART. III.—CASE OF COMPLICATED LABOUR.

BY H. A. TATUM, M. D.

Norfolk, Jan. 16th, 1840.

Dear sir,—I have long felt an inclination to report to you, to be made use of as you think best, a case which I think of rare occurrence, which came under my treatment several years ago, whilst I was practitioner of medicine in the city of Richmond. I was called to see Mrs. F., late at night, in labour with her first child, after passing through the regular period of gestation; she was tall, remarkably well-formed, and apparently about twenty-two years of age. I examined her, and found, so far as the usual examination could inform me, that the labour was progressing regularly, the os uteri dilating, the head of the child presenting, and the pains regular. After waiting a due time I examined her again, and found the os uteri well dilated, the head well presented, and the pains strong; I waited a short time and found by another examination that the head did not advance at all, when there was every reason to calculate on a speedy termination to her sufferings, and in a short time my patient was in violent convulsions. I passed my hand up between the child and the wall of the uterus, and found that the hour-glass contraction had taken place around the waist of the child, between the ribs and the hips, compressing the part embraced to the smallest compass, which strait I passed with the greatest difficulty by the use of much force, (being encouraged to persevere by my highly esteemed friend, Dr. Thos. Nelson, whom I had sent for,) and found a large globe above, towards the fundus, which would have contained much more than the hips and lower extremities; I then brought down one foot and then the other, after the accomplishment of which I pushed the head out of the way as well as I could, and delivered by the feet. I thought it probable that I had dislocated the head of the os femoris on one side of the child, but to my surprise it did not appear to be injured. It was a large boy, did well, and the mother recovered as though there had been no unnatural action of the uterus; and in due time became pregnant again, and no ulterior evil attended that I know of. The delivery was accomplished in some ten, twelve, or fourteen hours after I saw her.

I should like to see this case in your next number, if you should deem it worthy of a place, or that it will afford my medical brethren any information which may in any way be useful.

With the hope that your very useful work may prosper, I am, very respectfully, your obedient servant,

H. A. TATUM, M. D.

Robley Dunglison, M. D.

BIBLIOGRAPHICAL NOTICES.

*Western Journal of Medicine and Surgery.*¹

This new "monthly" springs from the ashes of the "Western Journal of the Medical and Physical Sciences" and the "Louisville Journal of Medicine and Surgery." It is edited by Professors Drake and Yandell,—the former known to all as the able and energetic promoter of medical science in the west; and the latter an energetic teacher in the same school as Dr. Drake, and not unknown to the readers of this journal. Under such management, and with such a list of collaborators, we anticipate much matter of great interest.

The number before us consists of Original Communications, Reviews, and Bibliographical Notices, and Selections from American and Foreign Journals. "Wedded to no particular systems of pathology or therapeutics," say the respectable editors, "we shall freely admit original facts and speculations of all kinds, provided they bear an aspect of truth and utility. In thus throwing open our pages we shall not hold ourselves responsible for the verity or soundness of any thing not emanating from our own pens, though we shall at all times endeavour to exclude 'false facts' and frivolous speculations." "Under this rule," they add, "we have inserted in the present number, a review, by one of our most able and authoritative collaborators, of the published lectures of a distinguished eastern physician, [Dr. Hosack,] without inquiring whether or not the opinions of our learned friend are such as we could endorse."

We doubt not that in this disclaimer,—which, by the way, is something unusual,—the able editors have acted with as much discretion as delicacy. No one, who is at all acquainted with the style and sentiments of the reviewer, can hesitate a moment as to the authorship of the article. "Ex pede Herculem!"

*Wright on the Uses of Water.*²

We are glad to see any attention directed to the valuable agent, which forms the subject of the introductory before us,—and which is, after all, our "febrifugum magnum" in the various forms of pyrexia, our great refrigerant, internal as well as external. If, indeed, we adopt the definition of refrigerants given by Dr. Paris, and we see no reason why we should not, cold may be regarded as our sole internal refrigerant. "There are," he observes, "certain saline substances, which, by undergoing a rapid solution, and acquiring an increased capacity for caloric, produce a diminution of temperature; and if this takes place in the stomach, the sensation of cold which it produces, is equivalent to a partial abstraction of stimulus; this

¹ The Western Journal of Medicine and Surgery, edited by Daniel Drake, M. D. and Lunsford P. Yandell, M. D., Professors in the Louisville Medical Institute. No. 1, January 1840. Louisville, Ky.

² A Lecture on the Physiological and Therapeutical Uses of Water, delivered to the students of the Ohio Medical College, at the opening of the Session of 1839—40. By M. B. Wright, M. D., Professor of Materia Medica and Therapeutics. Published by the Class. 8vo, pp. 23.

being extended by sympathy to the heart, occasions a transient reduction in the force of the circulation, and by this, or by a similar sympathetic affection, causes a sensation of cold over the whole body." If such be the modus operandi of refrigerants—and we repeat we see no reason why it should not be—there is no necessity for the nitrate of potassa or any other reputed refrigerant, inasmuch as we have in ice and cold water agents that can accomplish in a simple manner what is proposed to be done in one far more oporose and unsatisfactory.

The views of the author of the lecture before us are in the main good, but some of his positions are as singular as the language and illustrations are peculiar. For instance:

In speaking of the use of the bath he thus expresses himself:—

"Does the exhausted and aching traveller, or the weary labourer wish for renewed strength? Let him retire to the bath, in imitation of Hercules, whose limbs were invigorated, by being bathed in the warm spring of Thermopylae. Has sadness taken possession of the feelings? It can be removed, far more effectually, by the bath than the bottle. The poet who seeks wings for his imagination, or the orator who would render his intellect expansive and enduring, can invoke with more profit the bath than the bottle. If the commander who is maturing his plans of conquest, will enter the bath, as did the mighty Napoleon, he may behold the Alps before him, and his strong arms embracing all beyond. And, although, like that fearless conqueror, he may be chained to some ocean isle, his unhappy fate will not come with the same speed, or certainty, as after a dependence on the bottle."—p. 5.

Of the effects of the cold bath we have the following illustration:—

"Spartan mothers employed the bath, and the mothers of the present generation follow their example with a view to make Spartan sons. To establish the fact, that it is an absurd and destructive practice, we need only look at the depressing influence of cold, and the known laws of vital reaction. In every day life, we have presented to us a wide difference between the effects of the same cause upon different individuals. Look at the two brothers who have been subjected to the same parental treatment. They are on their way to school. The one is clothed in thick woollen garments—his feet are well protected, and yet he is shivering and crying with the cold. The other exposes his breast to the north wind—pulls off his shoes and stockings—wades through the snow, and slides upon the ice bare-foot, and he is a whistling, merry fellow. In what resides the difference of their power to resist? In the original constitution. In the one case, vitality is not sufficiently active and powerful to withstand the chilling agency of the cold. In the other, reaction is speedy, for there is less nervous impressibility, and more energy of function."—p. 6.

The following extract exhibits a debasing picture of intoxication:—

"Intoxication sometimes renders it difficult to distinguish the man from the brute. They are not so apt to occupy the same sty, as they are to wallow in the same mire. Your curiosity, and perhaps your kind feelings may prompt you to discriminate between them. You can do so readily by dashing upon them a bucket of cold water. The one, without regard to the loneliness and safety of his companion, will abruptly run away. The other will gradually raise himself upon his hands and knees—then he will assume the sitting posture—and finally you will be enabled to discover, in spite of filth and stupidity, the outlines of what was once a man. In a word, gentlemen, cold water is not only one of the best preervatives of drunkenness,

but when poured upon the head or dashed upon the face, it is one of the best means of rousing an individual from this state to sensibility and thought."—p. 14.

The author's views on the use of cold water and calomel in fever, which he properly regards as by no means incompatible, are thus given:—

"Does the dread in the use of cold water and calomel arise from their liability to produce salivation? Aye, it is from this fear that a deep and extended mischief has arisen. It is this which has laid the foundation for an exclusive and abusive administration of calomel. And, gentlemen, unless you and those who are now receiving their medical education, shall think correctly, and act decisively upon this subject, before your professional career shall have an end, you will hear this remedy decried by the thunder-toned voice of public sentiment, and behold it erased from the catalogue of remedies.

"Perhaps the first case you will be called upon to treat after engaging in practice, will be one of fever. You may be induced to give a dose of calomel. The stomach not being prepared for its action, the wished for effect is not realised, and you prescribe it again and again. If, at this time, the thirst of your patient should not be relieved, he will drink water in despite of your caution, and salivation will be very liable to ensue. Then will come the complaint on the part of the patient, and censure on the part of the physician. Now, gentlemen, under such circumstances, upon whom should properly rest the blame? upon the patient or the attendant? It is probable that in such a case, cold water would contribute to the ptyalism; and it is probable, too, that without the water, no other effect would be produced than an increase of the morbid state already existing. And to my mind, another thing is very certain. If the water were allowed at a more early period, the stomach would be prepared for the reception of the calomel, a comparatively small quantity would act strongly, and soreness of the gums would be avoided. If a small dose of calomel, combined with the use of cold water, will produce as powerful an effect as a large dose without it, is not the former to be preferred? No man can hesitate to adopt that plan which will secure the good and avoid the evil."—p. 21.

Lastly, the author's peroration:—

"For convenience, and in aid of the memory, writers upon *materia medica* arrange several articles under one therapeutic head. But these articles all differ in their sensible properties, and in the cure of disease, each one exercises an action of its own—closely allied, it is true, but still distinct. I therefore enjoin upon you, not to reject the old for the new, nor the new for the old, but to permit your inquiries and reflections to embrace them all. The dew in the sequestered vale, hath its own sweetness and influence, as well as the water which gushes, and comes foaming from the sunny hill side. The eager and inquisitive traveller, is not satisfied with sojourning at the retired spring, nor yet with sailing upon the ocean wave, but he ranges over all between. Such, I hope, will be the aspirations of those, constituting the medical class now before me."—p. 23.

The lecture contains many typographical errors, and some that can scarcely be so classed. How does the author establish that "during the patriarchal age, cleansing the body constituted an item of *Christian duty*?" The medium temperature of the "tepid bath," he places at 90°; and he affirms that the *spasmodic* variety of croup is far more common than the *inflammatory*, all of which is contrary to our notions.

Surely if the following remark be accurate, old ulcers, or, as the author

terms them, "perennial flowers," must be alarmingly frequent in Cincinnati:—

"Those students who are not of the opinion now, will undoubtedly, before the present hospital term expires be convinced that there is exceeding great difficulty in curing those perennial flowers, denominated 'old ulcers.' They are most frequently seated upon the lower limbs, and although they are very often connected with broken-down constitutions, they are in many cases the result of neglected and badly treated injuries. But these ulcers are not confined to hospitals. They are common throughout the community. Pause for a moment as you pass along the side-walks of our city, and presently you will observe an individual standing or hopping on one leg. Ask him what is the matter, and he will tell you, with a most rueful countenance, that he has hurt his sore shin."—p. 17.

Hayward on the Transalleghany Springs of Virginia.

Professor Hayward visited several of the transalleghany springs of Virginia during the past summer, and the pamphlet before us comprises some of the results of his observations.

We extract the more medical portions of these.

"*Warm Springs.*—The temperature of the water at the Warm Springs is ninety-six degrees at all seasons of the year. It is so perfectly pellucid, that it is difficult to realise, when you first look into the spring, that there is any water there, the objects at the bottom are seen with so much distinctness. Bubbles of air are constantly rising to the surface, and these have been ascertained to be principally nitrogen, which, I believe, is by no means uncommon in sulphurous thermal springs. The water is not disagreeable to the taste, or, at least, it was not so to me, except from its temperature. It contains sulphur, magnesia, lime, and various other substances in minute proportions; but its virtues, I am inclined to think, are owing to its temperature rather than to any medicinal agents combined with it. The sulphur may in some cases have a good effect, for the water is so much impregnated with it as to partake strongly of its odour. The supply of water is very copious. It is received into a room thirty-eight feet in diameter, and is allowed to rise to a depth of five feet when it is intended for the gentlemen to bathe, and four feet for the ladies. After it has been used, the water is drawn off, and the bath fills again in a quarter of an hour. The usual practice at the springs is to bathe twice or even three times a day, and remain in the water about fifteen minutes each time. It is advised to avoid active exercise while in the bath, and to be rubbed with a coarse cloth immediately on coming out, which office I can say, from experience, is faithfully performed by a black attendant.

"It is difficult to conceive of a more delightful bath; it is almost worth a journey to Virginia to enjoy it. It is not only agreeable at the time, but its effects are in a high degree pleasant, producing no lassitude, but rather imparting vigour to the system. It is usual to take the first bath at 5 o'clock in the morning, and it is then particularly grateful, for the temperature of the air at that hour, even in summer, is not much above fifty degrees.

"These springs are principally resorted to by patients afflicted with rheumatism, gout, and paralytic affections, though all classes of invalids who go to the Virginia watering places usually pass a few days at the Warm Springs, if it be only to enjoy the delicious bathing. One patient, a highly cultivated and intelligent man, derived great benefit while I was there, from

* Remarks on some of the Medicinal Springs of Virginia. By George Hayward, M. D. (Read before the Boston Society for Medical Improvement, Sept. 23, 1839.) 8vo, pp. 11. Boston, 1839.

these baths. He was afflicted with the gout to a distressing degree, which was complicated, also, with an affection of the spine, producing a partial paralysis of the right hand. The effects at the time were perfectly wonderful, but whether they were permanent or not, I am unable to say. He was relieved to a very considerable extent, not only of his lameness, but also of his pain, which at times had been very acute. He bathed constantly twice or three times a day, and remained in the water half an hour each time. He frequently assured me, after bathing, that instead of having any feeling of languor or debility, he was refreshed and invigorated by it.

"The Warm Springs will, I doubt not, be found beneficial in most cases of debility in which there is no organic disease, though it is probable that much of the benefit which such patients derive from a visit to them, should be set down to the pure mountain air which they enjoy, their entire change of diet, and total abstinence from stimulating liquors, for none of these are drunk at the public tables at the watering places in Virginia.

"*Hot Springs.*—Five miles beyond the Warm Springs are situated the Hot Springs. They are six in number, varying from 98 to 106 degrees in temperature, which, like that of the Warm Springs, remains the same throughout the year. The water of the Hot Springs contains various substances, as iron, magnesia, soda and lime, carbonic acid gas, nitrogen, which is constantly escaping from it in bubbles, and a minute portion of sulphuretted hydrogen. When taken internally, it is said to act as a diuretic, diaphoretic, and a mild aperient. Whatever difference of opinion there may be as to the power which it is able to exert on the system when taken into the stomach, there can be no doubt of its salutary influence when judiciously used as an external remedy."

"They [the waters] have been found, when taken in combination with the bath, of great use in gout, rheumatism, neuralgic affections, functional diseases of the liver, debility of various kinds, especially that connected with, and consequent on, a derangement of the digestive organs. These springs are owned by Dr. Goode, a very intelligent physician, under whose direction the baths are conducted. By this means, the sweating bath, a remedy of great power, is administered in many instances with the happiest effects, and in all with perfect safety."

"*White Sulphur.*—The most celebrated of all the Virginia springs, and probably the most powerful, is the White Sulphur, which is thirty-five miles beyond the Hot Springs, and six miles west of the Alleghany mountains. Though situated in a valley, it is, like all the springs in that neighbourhood, in an elevated position, with a delightful climate in summer, and surrounded with mountainous scenery of great beauty. Independently of the benefit that may be derived from the medicinal waters, a better situation for an invalid during the hot season can hardly be imagined. It has the advantage of a salubrious and invigorating air, an agreeable temperature, cool at morning and evening, the thermometer ranging at those periods during the summer, between fifty and sixty degrees, and rarely attaining a greater height than eighty degrees at any part of the day, and an elasticity in the atmosphere that prevents the heat from being at any time oppressive, and enables the invalid to take active exercise in the open air during the day without fatigue."

"Though the odour and taste of the water, from its being strongly impregnated with sulphur, are disagreeable to most persons on first using it, I noticed that the dogs, that are kept in great numbers at the springs for the purpose of hunting, seemed to be very partial to it. I was scarcely ever at the spring that I did not see one or more of these animals lapping the water with great apparent relish as it flowed from it.

"The water, of which there is an abundant supply, is at a temperature of sixty degrees throughout the year. It is very transparent and slightly sparkling, from the gases which it contains; these are sulphuretted hydrogen, carbonic acid gas, nitrogen and oxygen. Bubbles of air, principally nitrogen

are constantly rising to the surface of the water and escaping from it, in the same way as in the Warm and Hot Springs. Its other contents are lime, magnesia, soda, iron, organic matter and precipitated sulphur. This latter ingredient seems to be very abundant, and a copious deposit of it may be seen at all times at the bottom of the spring, though it is usually cleaned out every few days. From the white appearance of this deposit the spring takes its name.

"The water of the White Sulphur Spring no doubt possesses medicinal properties of great power. Multitudes who resort to it annually are benefited by its use, while a few, perhaps, deriving no advantage, are inclined to believe that the water has no remediate powers. But it should be recollected that these waters are not calculated to relieve all cases, and that in those where they might be useful, they may prove mischievous if not judiciously taken. Many persons, immediately on arriving at the springs, drink the water immoderately, and not a few suffer for their rashness. When taken in this way it is said to produce a powerful determination of blood to the head, attended with pain and dizziness, and sometimes followed by severe cerebral symptoms.

"Though this water is nauseous to most persons on first drinking it, a relish for it is soon acquired, and in a short time, in most instances, it becomes a favourite beverage. I met with several individuals, in perfect health, who declared to me that they preferred it to any other liquor, and drank it merely as a luxury.

"It is said to act on the kidneys, the bowels, the liver, and the skin. As a diuretic, its effects are very soon apparent, but it usually requires some days before it produces a decided action on the bowels. Its operation on the liver, too, is not manifest for some time, and where there is a great torpor of this organ, some auxiliary means may at first be required. Its effect on the skin is very apparent, though not immediate; after drinking the water a few weeks the perspiration becomes strongly impregnated with sulphur.

"The use of this water is no doubt beneficial in a variety of affections, and I am inclined to believe that it will be found signally useful in those functional derangements of the digestive organs, which are so common, and at the same time so unmanageable, especially when they are connected with disturbance of the liver, or a torpid state of the bowels. The whole tribe of dyspeptics, if their trouble be not the effect of organic disease, may resort, with a well-grounded expectation of relief, to these healing waters.

"Another numerous class of patients, known under the very common, but not very significant name of bilious, is said to find, very often, relief from them. Many persons of this description come to the springs from the south and southwest, whose constitutions have been shattered by the diseases incident to the climate, and they almost invariably derive benefit from a residence there. In such individuals there is, hardly without exception, some derangement of the biliary secretion, consequent very often on intermittents and other fevers of the country.

"Chronic rheumatism is a disease from which relief is, in very many instances, obtained by a resort to this spring. In this case great advantage is derived from the external as well as internal use of the waters, and for this purpose an excellent bathing house has this year been erected, with every convenience for using the bath in every form and at any temperature that may be desired.

"Cutaneous eruptions of various kinds are frequently removed by a similar management.

"Many of the distressing symptoms, which are by no means the unusual attendants of chronic affections of the urinary organs, are in many cases alleviated, and in some entirely removed, by a judicious use of the White Sulphur water.

"There are other maladies over which, it is said, it exerts a favourable

control. But it is unnecessary to enumerate them, partly because I cannot speak from personal knowledge, and partly because I suspect that in some of them the advocates of the springs may have exaggerated the virtues of the water.

"But of this much I feel confident, that these springs will, in a majority of cases, be useful not only in those diseases which I have named, but also to that numerous class of patients who are affected with debility connected with functional derangement, or that which is consequent on previous disease, or excess and imprudence in living."

"*Sweet Springs.*—The temperature of the water is seventy-six degrees, and is the same at all seasons. It is very abundant, and is situated in one of the most beautiful mountain valleys of that region. It contains a large quantity of gas, particularly the carbonic acid gas, and this imparts to it a sparkling and agreeable taste. In what way it obtained the name of sweet, I cannot learn; it certainly does not deserve it, for it is decidedly acidulous. It contains lime, magnesia, soda, iron, &c., but in what quantities I do not know.

"The water of the Sweet Springs, when taken internally, is not supposed to possess medicinal properties equal to that of some of the other springs; but in combination with the bath, it is found useful in many diseases, as rheumatism, paralytic affections, and general debility. It has also been extolled in dyspepsia, and in that countless tribe of maladies which follow in its train. It is certainly a very agreeable bath, pleasant while you are in it, and followed by a delightful glow as soon as you come out."—p. 10

The Blue, the Salt, the Gray and the Red Sulphur, were not visited by Dr. Hayward.

MISCELLANEOUS NOTICES.

Report of the Obstetric Department of the Philadelphia Dispensary for the year 1839. JOSEPH WARRINGTON, M. D., Accoucheur.—Seventy-seven women have been under the care of the accoucheur in this institution during the year.

Seventy-nine children have been delivered, viz. 53 boys and 26 girls. One woman having twin boys, and one twin girls.

In forty-seven cases in which the presentations and positions of the fetuses were carefully observed, they were as follows:—28 in the first position of vertex, 11 in second do., 4 in fourth do.; 3 in first position of breech, 1 in fourth position of knees.

The average duration of labour in forty-five cases, was 11 hours 26 minutes,—the extremes being 30 minutes and 31 hours.

The average time required for the spontaneous expulsion of the placenta in fifty-one cases was 19 minutes, the extremes being 5 and 60 minutes. In six other cases, some manual aid was necessary to the delivery of this mass, after a retention for 30, 60, 99, 120, and 240 minutes respectively.

In each of these cases the delay of its delivery depended upon either atony of the uterus, or the manner in which the placenta presented at its orifice, and *not to adhesion or hour-glass contraction.* The insinuation of the finger in four of the cases, and of the hand into the vagina and os uteri in two, was found sufficient for the completion of delivery.

In one case the fetus presented originally in the fourth, but became spontaneously changed to the second position of the vertex.

In one case, flexion of the head upon the thorax did not take place until the hand was introduced to assist the change.

The forceps were applied in four cases, viz., in one, which 1 year and 15 days previously had been delivered by the crotchet, in consequence of def-

cient amplitude of the pelvis, (child now delivered alive.) One in consequence of contraction of the antero-posterior diameter, with the additional obstacle of the jutting in of the left acetabulum, (child living.) Case given in detail by Wm. H. Müller,¹ one of the obstetric class. In one in consequence of an irreducible prolapsus of the cord, (child not quite dead when delivered, but could not be resuscitated.) And in a fourth case in consequence of the defect of uterine action, and a small but well-formed pelvis—ergot having failed to effect delivery, (child living.)

Ergot was used in this one case only, during the whole year.

All the women recovered, except one who died of phthisis eight days after delivered, which occurred three weeks before term—the patient not being expected to live till that time. Delivery was effected by the uterine efforts merely, and almost unconsciously to the emaciated and enfeebled mother.

Two patients had metritis, coming on after natural and easy labour, and one, (the case of which has been given with some detail,) after considerable manipulation and the use of the forceps.

These were cured in a few days by blood-letting, general and local, moderate purging, fomentations to abdomen, and mucilaginous injections into vagina.

There was one case of severe uterine and mammary engorgement, occurring on the third day after a natural labour; it was promptly cured by two doses of calomel and castor oil, with the frequent use of fomentations to the mammæ and abdomen.

One patient suffered much from ovaritis during the latter part of gestation. She was greatly relieved by cupping before delivery, and a free leeching subsequently.

In one case, in which there was slight hemorrhage at the time of delivery, the placenta was found to be studded with numerous calcareous deposits upon its uterine surface.

Several other placentaë were remarked to contain this species of formation, but no peculiar condition of the patient or child was noticed in connection with the circumstance.

Four or five of the children had ophthalmia; all of them recovered except one, which died in convulsions eight days after its birth; the inflammation being intense, and no nurse could be obtained to attend upon the mother, and apply the remedies proposed for the relief of the child.

Dr. Warrington holds the appointment of accoucheur to this ancient and extensive institution, with the view to establish a school of practical midwifery. The cases are distributed amongst those members of his class who attend upon his course of practical instructions in obstetrics, after having attended a full course of anatomy and midwifery in some respectable medical school.

Twenty-five gentlemen have participated in his courses of instruction at the Dispensary, and attended upon the above list of cases the past year.

The number of patients for 1839 exceeded those of the previous year by twenty-four.

The Connection of the Human Placenta and Uterus, shown without the aid of Injection. By WILLIAM CUMIN, M. D., Regius Professor of Midwifery.²—On the 16th of June, 1839, a gentleman very kindly sent me the uterus of a female, who had died of diseased heart fourteen days after the expulsion of a seven months' fœtus. The uterus measured externally, from the margin of the fundus to the margin of the anterior lip, five inches, and its greatest breadth was three inches. The os uteri was of a dark purple colour, with a granular and somewhat shreddy surface; but it was not fissured.

¹ See p. 341.

² Lond. Med. Gaz. Oct. 12, 1839, p. 95.

The internal surface of the uterus presented a granular appearance, from particles of adherent plastic lymph. A portion of the placenta, about half an inch in thickness at the thickest part, adhered to the anterior part of the body and fundus of the uterus. The free surface of the placenta was granulated and very irregular, with many prominences and depressions. The structure of the placenta was throughout free from any appearance of decay, and perfectly healthy. On cutting perpendicularly through the uterus and placenta, several of the uterine veins were seen to contain tubular concretions of plastic lymph, not adherent to the walls of the vessels, and having both their surfaces besmeared with blood. One remarkably distinct concretion of this kind was seen projecting from the surface of the incision in the fundus. Similar tubular concretions were observed in the oblique vessels passing between the uterus and placenta, quite as beautifully displayed as in William Hunter's preparations now deposited at Glasgow, where they are injected with wax. These, however, were less exactly tubular, and of a less firm consistence, than what were seen in the uterine vessels. Other concretions of plastic lymph within vessels were observed in the substance of the remnant of the placenta. They were the same in their nature, but less distinctly tubular.

On cutting into a dark puckered spot in the left ovarium, a corpus luteum was discovered, having a fleshy disc, and a firm white substance in the centre.

The preparation is in my possession.

College of Physicians and Surgeons, Upper Canada.—We learn from our correspondent, Dr. Lucius O'Brien, that the following gentlemen constitute the board of officers of the College of Physicians and Surgeons of Upper Canada:—

President, Christopher Widmer, Esq.; *Vice President*, John King, M. D.; *Treasurer*, R. C. Horne, Esq.; *Secretary and Registrar*, Lucius O'Brien, M. D.; *Censors*, John King, M. D., Lucius O'Brien, M. D., Walter Telfer, Esq., W. C. Gwynne, M. D., George Herrick, M. D.; *Inspector of Apothecaries' Shops*, John King, M. D.

Medical Almanack.—We have not received—doubtless owing to accident—the Medical Almanack, by Dr. Smith, the able editor of the Boston Medical and Surgical Journal. Such a work, carefully executed, and yearly improved by successive additions, and corrections, cannot fail to be well received by the profession.

Northern Dispensary of Philadelphia.—The Northern Dispensary for the Medical Relief of the Poor of Philadelphia—with a copy of the Rules, Regulations, and By-Laws of which we have been favoured by Dr. Thomas H. Yardley, one of the Consulting Physicians to the Lying-in Department—is one of those excellent charities which shed their blessings on the locality in which they are situate. It has been established twenty-three years, and has been instrumental in furnishing relief to 18,846 persons. During the past year, 409 cases have been treated; and 24 obstetrical cases have occurred in the lying-in department.

The disbursements of the institution amount to \$1916.51.

Gross's Pathological Anatomy.—We are glad to find that this valuable work meets with high commendation from the medical press.

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ART. I.—ON SOME STATES WHICH RESEMBLE INFLAMMATION.

BY WILLIAM BROWN, F. R. S. E.¹

Fellow of the Royal College of Surgeons.

It is strange that, while the cultivators of medicine are so numerous, and their zeal and assiduity so thoroughly unwearied, it should still be a matter of question whether the art be now in a progressive state. The more general and perhaps the nearly unanimous opinion is, that medicine is advancing with a steady progress to perfection, but, meanwhile, a few names, not undistinguished in science, maintain that there is no real progress, or only progression in the circumference of a circle, that is, constant motion, but, at the same time, constant return to the position formerly occupied. Dr. Francis Home, in his Treatise on Croup, published in 1765, observes that "the science of medicine has been gradually advancing for the 2000 years bypast, and is now brought to a great degree of improvement, perhaps to as great, every circumstance considered, as the difficulty of the art, the limitation of the human faculties, and the continual attempts to further refinement, too often conducted merely by fancy, will admit of." We smile at the boast of Dr. Home, and think of the improvements and discoveries since his day; but we are as ready to plume ourselves as he was on the existing state of medicine, and we find nearly his own expressions made use of by writers of the present period. But what are the real facts of the case? Is medicine truly progressive, or is it stationary?

When we think of medical hypotheses, we may very readily adopt the latter opinion. We observe now the same restless search after first principles, and the same disposition to gather these from a few observations, which characterised the more ancient physicians; and even the younger members of the society will recollect opinions started by their zealous inventors as irrefragably certain, which a very few years have first undermined and then demolished. With regard to new diseases, do we not find hints of almost every one in the older authors, and do not the critics of the present day often detect in this way the plagiarism of modern discoverers? If we turn our attention to remedies, we find much to discourage our boastings. Disease appears to be as rife as it was in former days, and our vaunted improvements in the *materia medica* have not made death less frequent than before, have not added to the average duration of human existence. Increased longevity has not yet been attained, and if there be any diminution in the rate of mortality, it is attributable, not to the increased power of medicine, but to those happy arrangements of modern civilised society which have prevented the frequent occurrence of famine and of its

¹ Edinb. Med. and Surg. Journal, Oct. 1839, p. 342.

usual attendant, pestilence, which have provided for the more perfect clothing of our people, and the greater cleanliness of their dwellings. Chemistry has, indeed, done her best in analysing and combining various medicinal agents, and every now and then some bright idea, some splendid panacea has been elicited from the laboratory like a spark from its furnace; but the *currus triumphalis* of the one has been scarcely more lengthened than the blaze of the other. Whether we inquire as to the discovery of what was before unknown, or as to the actual power which medicine now possesses in controlling disease and adding to human happiness, as compared with that of other times, we are hurried into conclusions which tend to nearly universal scepticism.

And yet there must be some fallacy in this reasoning, for our knowledge of the animal structure and of the bodily functions has received large accessions. If we are not better acquainted with the proximate causes of diseases, we are at least much better acquainted with their effects, from the study of morbid anatomy. We possess all the remedies which were known to the ancients, and many new ones of great power have been discovered by the researches of modern observers. The possession of knowledge does, to a certain extent, imply the possession of power: and hence we must necessarily have more power in the cure of disease.

But while it is undeniable that our science has made advances in modern times, yet it appears to me that the principal improvement which has taken place is, that a greater number of practitioners are now masters of the existing knowledge, and hence that a greater number of practitioners are, not discoverers, but intelligent and industrious appliers of the discovered truths, both as to diseases and their remedies. I infer this from the increased means of instruction possessed by the profession, both in the schools and by the extended diffusion of medical literature. Formerly knowledge was more difficult of access, and only the men of original genius or of unusual assiduity could acquire much of it; but it is now open to men of more ordinary minds and of more common-place habits.

We must never forget, however, a circumstance which influences all our opinions on this matter; I mean that each practitioner is himself in a state of progression. If he be a man of even common observation, every day is adding to his stock of knowledge; not only to that which is derived from books, but to that more precious knowledge which is gathered from experience, which each man learns for himself, and which no man can communicate to another. It is this which is daily changing, and at length revolutionising the mind of each practitioner, and by virtue of which he differs more from what he was twenty years ago than he does from the practitioner of the bypast century.

There can be no doubt that the difference between the more experienced physician or surgeon and others consists mainly in the correctness of his diagnosis. The application of the remedy to the ascertained disease is comparatively the easier process. It requires, indeed, no great skill to determine that one patient is afflicted with dropsy, that another has palsy, that a third is affected with fever, that a fourth suffers from dyspepsia. But what organic lesion has given rise to the watery swelling, what is the state of the brain indicated by the palsy, how the vital organs are affected in the individual case of fever, whether the dyspepsia be functional merely or organic—these are questions which, to be answered correctly, call for the enlightened skill of the most accomplished practitioner. Upon the diagnosis will the treatment depend, and that treatment will influence the life, or at least to a great extent, the well-being of the patient. The disease itself may have been ascertained, but the stage at which it has now arrived requires also to be determined: for the treatment which was appropriate at one period may be inert or detrimental in the subsequent progress of the case.

A considerable number of diseases are inflammatory, or at least consist of congestion of the vessels which frequently passes into the state of in-

flammation. If we reckon up the various tissues of the body, and recollect that every one of them is susceptible of inflammation, acute, subacute, or chronic, the number of cases occurring in a climate such as ours cannot be matter of wonder. To take only one example. The lungs comprise at least three tissues, the investing membrane, the lining membrane, and the parenchyma intervening. Each of these is liable to inflammation, and hence we have pleuritis, bronchitis, pneumonia. But each of these forms of disease is modified as to activity and duration, besides the peculiar constitution which each individual possesses; and each of these modifications demands its appropriate mode of treatment.

When inflammation occupies any of the external parts of the body, its presence is characterised by the signs of redness, pain, heat, swelling. These are present to a greater or less degree, in every example, and their conjoint existence is necessary to constitute inflammation. When one of the internal organs is affected, as we have no opportunity of using the senses of sight and touch, we infer the existence of inflammation from pain in the affected part, disorder in its function, and the febrile state. These, however, are not infallible signs of inflammation. There are many circumstances which mask the real nature of the disease, and lead away the attention from it to some of its consequences, or to some accidental symptoms which are connected with it. Again, there are various affections which simulate inflammation, assuming some of its characters, and thus leading to a treatment that is inappropriate. Some of these are more important than others, but in every one of them a correct diagnosis insures a correct treatment. It is my wish to call the attention of the society to some examples of this, and although I have nothing to communicate which is not already known to many of its members, yet the frequency with which errors are committed regarding it, (many of which have been committed by myself.) leads me to believe that the attempt will not be un instructive.

1. The most obvious example of a diseased state resembling inflammation, and yet calling for a very different treatment, is *chilblain*; and I mention it first, because it is so obvious, and because there is no difference of opinion among surgeons about it. It is always attended by redness, swelling, a tingling pain, and the sensation of heat, even though there is no actual increase of temperature. So far it resembles cutaneous inflammation, but it is never treated as such; and we all know that to detract blood from the part, or to apply the warmth and moisture of an ordinary poultice, would be likely to produce sloughing or unhealthy ulceration. It is treated by stimulants and anodyne applications, and these are found beneficial not only in the primary affection, but in the ulceration which so often succeeds. In cold weather we often observe an approach to the state of chilblain in the purple-coloured hands and feet of children and invalids. Insane patients are especially liable to it; indeed, with them and many others it is observed in weather when no real chilblains are to be met with. In scrofulous children, in young females with imperfect menstruation, in old victims of intemperance, the purple countenance, hands, and feet, are of common occurrence, and all mark a languor in the capillary circulation which is to be removed, not by local or general depletion, but by the judicious use of a stimulant and nutritive diet. This purple colour of the surface is sometimes designated as a florid complexion; but it is essentially different from a natural bloom, or from healthy plethora (if such a term be admissible,) and generally indicates a state of the body in which great depletion is not well borne. There may seem to be no great connection between chilblain and erysipelas; but it will be convenient to place under this head some remarks on the latter disease. Many cases of erysipelas are examples of genuine inflammation, having all the characteristics of that state, and passing regularly through its various consequences of effusion, suppuration or gangrene. But there are other cases which in their origin, progress, and termination, are altogether different. They often proceed from mere gastric irritator

(as urticaria usually does,) and are removed as rapidly as they first appeared, by remedies directed to the digestive organs. The tendency of erysipelas to migrate from one part of the surface to another, or suddenly to be translated to an internal organ, leaving the first seat of attack entirely free from disease, marks it out as somewhat different from common inflammation. And, while energetic treatment is sometimes indispensable to preserve the limb or even the life of the patient, the very common (once the universal) practice of merely covering the affected part with dry flour, indicates very significantly that, in other cases, the do-nothing practice is quite sufficient. The truth is, that under the name of erysipelas we comprehend several affections different from each other, and it is very desirable that they should be distinguished more correctly than they are.

2. *Chronic rheumatism* has no claim to be called an inflammation, and is rather a consequence of that state; but it consists of severe pain, and the affected joints are always more or less swelled. It is a very intractable affection, often tiring out the patience of the practitioner, and affording a favourable opportunity for the empiric. Leeching has sometimes been tried, but seldom with any benefit, and the treatment which is most approved consists in counter-irritants, alteratives, the warm bath, and the assiduous application of the hand-cure by shampooing. Acute rheumatism is generally treated in part by blood-letting; but the rule laid down by authors as to the treatment of internal inflammation, viz. that we are to bleed so long as the buffy coat appears on the blood drawn, is quite inapplicable to this disease. This appearance is shown after every bleeding, and is not less characteristic even when the patient is exhausted to an extreme degree. This circumstance marks out rheumatism as differing from other inflammations; and the capricious nature of its movements, deserting one joint, which it leaves free from uneasiness, and attacking another which had previously been so; and then suddenly leaving all the external parts to attack the pericardium, would lead us to hesitate before we adopt the rule of bleeding for effect.

3. *Pleurodyne* is an affection of the muscles covering the sides of the thorax, or of the intercostals. It consists in severe pain increased on inspiration. It is sometimes a mere sprain of those muscles produced by some unusual effort, but often it is the result of cold, is attended with catarrh, and hence there is more difficulty in distinguishing it from pleurisy. The chief means of doing so are, that in pleurodyne the pain is more severe, is increased by muscular exertion, and usually abated by pressure, while in pleurisy there is a quickened pulse and other symptoms of febrile action. In pleurodyne the relief afforded by the pressure of the hand, or the support of a bandage or plaster, is astonishing. Some eminent men have considered the state of the pulse as the best index of the real nature of the case. The second Monro was in the habit of remarking, that whenever he found inward pain along with a quick pulse, he always found blood-letting advantageous. It is certainly a valuable guide, and I lately attended a case which I considered a muscular affection, and treated accordingly; but where the quick pulse suggested another opinion, and the decided relief which followed a full bleeding, rather showed that that opinion was correct. It is possible that in that case the pleurodyne did exist, but speedily passed into the pleuritis. The popular opinion, that the lancet affords the appropriate remedy for every "stitch in the side," is so very strong, that it is difficult to refuse the patient's request. No great evil follows the practice when the patient is a stout labouring man; but when a delicate female is the sufferer, she may be materially injured by a full bleeding, and hence it is wise to insist on the more suitable remedies.

4. *Rheumatism of the abdominal muscles* often resembles inflammation of the peritoneum, and the diagnosis is of great importance. There is in
 tenderness to pressure, (the absence of which characterises colic;) is great difficulty of moving, either turning in bed or rising up to the

sitting posture; there is often nausea and vomiting, and the grinding uneasiness among the intestines, showing that their functions are in disorder; and there may be constipation tending further to confuse the practitioner. In such a case the diagnosis will be derived mainly from the pulse. In peritonitis the pulse is always accelerated; sometimes it is more wiry in its beat, sometimes more thready; but in the muscular affection the pulse is not necessarily quickened, and when the patient has been quiet for a little while, not disturbed by motion or agitated by alarm as to danger, it will be found nearly natural. Pressure, too, may furnish some assistance to the diagnosis, because while a light pressure may, as in peritonitis, cause severe pain, on the continuance of the pressure, the pain does not increase as it invariably does in that disease, but rather becomes more tolerable, and to such an extent as even to invite its repetition.

Perhaps the very state of mind of the patient may offer a useful hint to the practitioner. It is well known that in peritoneal inflammation there is always severe suffering, but there is frequently a degree of mental calmness which continues even through the whole course of the disease; on the other hand, in many of the cases referred to as simulating that disease, there is hurry, anxiety, impatience, indicative of the nervous or hysterical temperament. That true inflammation may coexist with the hysterical state is undeniable; but in a large number of cases of this kind, the presence of pain will mark, not the genuine, but the simulated disease.

5. *Headach* arising from a disordered stomach is well known to every one. Every one has either felt or observed the acute pain which follows repletion from the ordinary viands of a dinner table, or excess in vinous liquors. But no one could suggest blood-letting as the remedy, although the local pain, the quick pulse, the disordered functions of every part of the system would at first seem to call for its employment. Experience shows us that an emetic, a purgative, a stimulant of another kind, sometimes mere abstinence from food, restores the healthy state of the stomach, and removes all the unpleasant sensations from the head.

Probably there are other cases of pain in the head originating in the same cause, (disordered digestion,) which we are too apt to view as inflammatory in their nature, and as calling for the detraction of blood. The pain in hemicrania, fixed as a nail in one spot of the head, and usually intermittent in its character, is such an instance. It is generally a symptom of deranged digestion, and calls for regulated diet, purgatives, and quinine. It does not call for blood-letting, and although it is sometimes relieved by loss of blood, this is no proof of its being the best treatment. Yet cases do occur not unfrequently in which the severity of the pain, and the immediate relief afforded by leeches, draw away the attention both of the practitioner and patient from the real seat of disease, the stomach and bowels. The perfect recovery which occurs in such cases is to be ascribed more to the native vigour of the system, enabling it to bear with impunity an injury inflicted, or rather to the regulated diet and medicinal remedies which are intended to be used as auxiliaries, but which are in effect the principal agents in the cure.

In cases of this kind there is no imminent danger to life, and, of course, the error in treatment is not seriously prejudicial; but in *delirium tremens* and in mania, the hazard is much greater. In the former affection pain is not a constant symptom, but it is a frequent one, and whenever the patient's attention is diverted for a little from his imaginary cause of alarm, uneasy sensations in his head are invariably referred to. I need not say that, notwithstanding such symptoms, blood-letting is not the approved remedy; and that while there are cases in which it is borne without injury, in which perhaps its employment is demanded, in a large majority of instances, remedies of a very different character are found most beneficial. Narcotic stimulants, counter-irritants, and purgatives are used with the best effects; whereas blood-letting has not unfrequently retarded the recovery, or ev

hurried on a fatal termination. There is reason to believe that in some cases of suicide, committed under the influence of the alarm or depression attending *delirium tremens*, the hemorrhage has proved fatal, although it had proceeded to only a moderate extent.

There are cases of mania to which the same remarks are applicable. Cerebral excitement and vascular turgescence are present to a considerable degree; there are urgent and alarming symptoms, but there is no real inflammation, and blood-letting is not the appropriate remedy. It requires some fortitude to withhold the lancet in these cases, but the practitioner is well rewarded for his forbearance, by finding a more rapid and more complete recovery. I have no intention to proscribe blood-letting in all cases of mania; but cases such as I have referred to are of pretty frequent occurrence.

6. But perhaps the *epidemic influenza* offers the most striking illustration of the principle which I am insisting on. Ample records have been preserved of this curious disease as it appeared in 1782 and 1803. Since that time we have all had opportunities of observing it in 1833 and 1837. It was a febrile disease with severe local symptoms, lasting for three days, and terminating by profuse perspiration. This description applied not to all, but certainly to nine-tenths of the cases observed in Edinburgh. The commencing febrile symptoms were so violent that they seemed to mark an attack of continued fever. The local symptoms, which were most severe on the second day, and which were usually referable to the organs of respiration, seemed to indicate an alarming inflammation of some one of these. They would have called for bleeding under any other circumstances; but bleeding was scarcely ever had recourse to, and when it was employed, it was not so much for the original disease, as for a modification or sequela of it. With a quick and hard pulse, a hot and dry skin, severe headach and constant cough, nothing would have justified the neglect of blood-letting, but the certainty that it was influenza, and not real bronchitis or pneumonia, and that in a few hours it would pass off under other remedies.

7. *Continued fever* is perhaps the most important, as being the most extensively fatal of all diseases. I am desirous of making the preceding remarks on other diseases, bear upon it; but the notice at present must be very short. When we consider that a large proportion of recoveries take place without leaving any morbid sequela behind, and that in many of the fatal cases, no disorganisation of structure can be detected, it is highly probable that fever differs from inflammation in its pathology. Inflammation leads to morbid degeneration in a large number of cases, and these become apparent, whether recovery takes place, or the termination be fatal. Now, inflammatory symptoms are present in almost every case of fever. Some one organ is peculiarly affected with pain and disturbance of its functions. The symptoms call for watchful anxiety on the part of the medical attendant, but they do not follow the course taken by idiopathic inflammation, and they yield to remedies of no great efficacy, or, at least, to a much smaller loss of blood than such an inflammation would demand. No one would leave pneumonia to the measures which are unhesitatingly had recourse to in the local affection of fever; and hence, we must infer that the two diseases are different in their nature.

I have now mentioned several forms of disease (and additional examples will perhaps suggest themselves to other members,) in which there are symptoms resembling those of inflammation, but which a careful observer will be able to distinguish from them. They indicate, indeed, a different disease or stage of disease; sometimes a merely congested state of the blood-vessels, which may easily pass into inflammation; sometimes a state which is rather a consequence of inflammation; sometimes a local affection entirely *sui generis*; sometimes a congeries of local symptoms not arising from local disease, but symptomatic of disease in a remote part of the body. The resemblance to inflammation is sometimes so great as to perplex and

agitate a young practitioner; and the importance of a right diagnosis is so much the greater, because the treatment appropriate to inflammation is prejudicial here. The eagerness with which we bleed in all cases supposed to be inflammatory, the anxiety with which this remedy is even called for by the patients, make it the more necessary that we should commit no mistake. True it is that the ruddy complexions and robust constitutions of many of the patients, assure us that they will get no harm from the loss of blood, and that possibly it may do them good, at any rate. But these, I think, are only a small portion of the patients who apply to us under such circumstances. A large number are females of irritable and hysterical habits, men whose powers have been debilitated by a course of intemperate indulgence, or half-nourished children of the poor, whose strength is deficient, instead of superabundant. To abstract blood, in any considerable extent, from such patients, will incur the risk not only of allowing the present illness to continue unsubdued, but of leading to organic disease, of bringing on confirmed mania, and even causing premature death.

I am quite aware that the converse of this statement is equally true. Real inflammation is frequently subacute in its attack and insidious in its progress, so that the practitioner is thrown off his guard, and allows the disease to produce irremediable mischief. Many such cases there are, where organic disease has been mistaken for mere functional derangement; where subacute inflammation of the cerebral membranes has been allowed to proceed unchecked to fatal effusion; where pneumonia has been imperfectly recognised, and therefore, imperfectly treated; where peritonitis has been mistaken for colic. But these examples are just proofs of the necessity of careful observation on the part of the practitioner, and show not only how much caution must be exerted, but how much alertness should be manifested with regard to every case which is placed under his care. The routine treatment which is so frequent in the profession, and which the indolence of advancing years is so apt to produce, is generally the consequence of an imperfect education, and of misimprovement of the advantages possessed in youth. The best safeguard is for a young man early to acquire habits of careful observation, of taking nothing for granted, and of seeing every thing with his own eyes; and while he pays a due regard to the experience, and even to the opinions of his seniors, to observe for himself and to think for himself; above all, to allow no symptom to pass by unheeded, and to ascertain, so far as he can do, the effect of every remedy which he employs on his patient.

[We extract the following account of a new remedial agent from one of our periodicals just received. The whole tone, however, of the article savours too much, in our opinion, of enthusiasm.—Ed.]

ART. II.—ON THE EMPLOYMENT OF A NEW VEGETABLE, MONESIA, IN MEDICINE.

BY DR. G. J. MARTIN ST. ANGE.¹

A vegetable substance, called *monesia*, has lately been imported from South America, in the form of hard thick cakes, weighing about five hundred grammes (9215 grains.) These loaves, which are flattened, and have paper of a yellow colour adhering to them, are composed of the extract, prepared in the country, from the bark of a tree whose botanical name is not known. M. Bernard Derosne, the druggist who introduced it, informs me that some travellers call the monesia bark *goharem*, and others *buran-*

¹ Lond. Med. Gaz., Dec. 20, 1839, p. 491.

Acem. But what is of more importance is, that the naturalists who have examined it think that the tree which furnished it is a chrysophyllum.

The extract is of a deep brown, and very friable; when broken it looks like a well-roasted cacao nut. It is entirely soluble in water, and its taste, which is at first sugary like liquorice, soon becomes astringent, and leaves behind a well-marked and lasting acid taste, which is particularly felt in the tonsils.

The bark of the monesia is smooth and grayish, like that of the planetree, with this difference, however, that it is much thicker, that its fracture is imbricated, and that its sweet taste forms a strong contrast with the bitterness of the thin laminæ which are detached from the plane.

The chemical analysis of the bark of the monesia, and of the imported extract, according to MM. Bernard Derosne and O'Henry, has demonstrated the presence of the following soluble principles:—1. Chlorophylle; 2. vegetable wax; 3. a fatty and crystallisable matter; 4. glycyrrhizine; 5. an acrid and somewhat bitter substance; 6. a little tannin; 7. an unexamined organic acid; 8. a red colouring matter, resembling that of cinchona; 9. phosphates of lime, with organic acids.

The pharmaceutical preparations which have been made with this substance are—1. an aqueous extract; 2. a syrup, containing thirty centigrammes (5½ grains) in the ounce; 3. a hydro-alcoholic tincture, containing two grammes (37 grains) per ounce; 4. chocolate, containing thirty centigrammes (5½ grains) in each cake weighing three decagrammes (7 drams, 49 grains); 5. an ointment, containing an eighth part of its weight of extract; 6. monesine, being the acrid substance mentioned in the analysis.

The extract contains about eight per cent. of glycyrrhizine, and twenty per cent. of acrid matter.

I now come to my cases, the general results of which may be stated as follows:—

Monesia, when exhibited internally, in the dose of from 75 to 125 centigrammes (14 to 23 grains) of the extract daily, for eight or ten days, whether in the form of pill, tincture, or syrup, has an immediate effect upon the digestive passages, and quickens the action of the stomach in a very remarkable manner. If the dose of the remedy is pushed to four grammes (74 grains) of the extract daily, for fifteen or twenty days, the appetite increases, but the patients sometimes experience a feeling of heat in the epigastrium: tenesmus and obstinate constipation may also come on; hence its action upon the digestive tube should be moderated by diminishing the dose according to the effect produced, and administering emollient or laxative clysters, as may be required.

Monesia ointment may be employed externally upon sores, in every case, but with more or less success, according to circumstances: thus I have seen it succeed in large and excessively painful ulcers, arising from the action of blisters, in sores produced by burns, in varicose ulcers and old wounds; in a word, whenever the sore is painful, and depends on a merely local affection. When this is not the case, and the ulcer is kept up by syphilis, scrofula, scurvy, or cancer, it is impossible to effect a permanent cure by merely applying the monesia ointment, washing the sores with the tincture, or sprinkling them with the extract or acrid principle contained in it. Yet, by employing these different preparations in a proper manner, we may hope to modify the sores, and even to cure them for a time. Generally speaking, the ointment, when applied to a sore, calms the local pain; the tincture thus used, produces a sensation of heat, which ceases immediately; the powdered extract more or less excites the sore, and the acrid principle in powder, when well prepared, has a special activity greater than caustic; hence it is a powerful remedy against fungous or atonic ulcers of a bad ap-

¹ Showing that it *does* irritate the stomach, contrary to the assertion made a few lines before.—TRANSLATOR.

pearance; but as soon as these sores become painful, and especially when they are covered with a whitish pellicle, the use of the acrid principle should be discontinued; for it is usually this pellicle which, by preserving the surface of the sore from contact with the air, and perhaps by becoming partly organised, produces cicatrization.

I have said expressly, that it is impossible to obtain a lasting cure of syphilitic or cancerous sores by the mere external use of this remedy; in such cases, therefore, we must have recourse to a specific treatment capable of acting on the system. I have found that in order to effect the cure of scrofulous ulcers, the monesia must be employed internally, for five-and-twenty or forty days, and even longer, according to the case; and this in larger doses, such as four or five grammes (74 or 92 grains) of the extract daily, in the form of pill, tincture, or syrup. In this way I have succeeded in curing or benefiting several scrofulous patients. Here follow two remarkable examples:—

CASE I.—A young man of 17, a printer, born of very healthy parents, came to see me in February, 1839, to have the little finger of his left hand amputated. On looking at the diseased parts, I saw it was a scrofulous affection of only eight months' standing. The first phalanx was much swelled, the soft parts covering it were livid, and there were three fistulous openings in the skin; two corresponding to the dorsal part of the phalanx, and the third to its palmer surface. They were surrounded with callous vegetations of a brownish colour, and communicated with one another by means of subcutaneous fistulous passages. By introducing a blunt probe into the sores, it was easy to reach the bone of the finger, and to ascertain the detachment of the skin and the caries of a portion of the phalanx. The suppuration was serous, yellowish, of a faint odour, and contained some flakes of a substance which seemed carious. Strong pressure of the diseased tissues occasioned hardly any pain. On the back of the hand and the left elbow there was also a swelling of the skin and of the subjacent parts, looking like the little finger. The swelling and livid patch extended from the elbow¹ to the inside of the bend of the arm; its centre was ulcerated, and covered with a thick crust, which, according to the patient's report, was renewed every two or three days.

I began by sprinkling the acrid principle of monesia on the small sores of the finger. After some days' dressing, the swelling of the soft parts began to diminish, and at the end of about twenty days the fistulous openings entirely closed. The diseased tissues at the back of the hand then ulcerated, and the acrid principle being employed as above mentioned, in a few days a cure was effected. There remained only the sore upon the elbow, which had been purposely dressed with cerate. It continued to suppurate, and to be covered from time to time with a fresh crust.

The patient was in this state when I presented him to Dr. Bailly, who had been commissioned by the Academy to report on the effects of monesia. The affection appeared to him to be evidently scrofulous, and the result obtained to be very satisfactory. The disease, however, soon re-appeared; the fistula of the finger began to suppurate again; there was swelling and livid redness of the soft parts, with engorgement and induration of the back of the hand; the sore on the elbow became larger and deeper. The patient now entered the hospital of St. Louis, where he had internal medicines as well as fumigations, sulphurous baths, &c. In a month he came out, with the diseased parts in a worse state than ever. I now prescribed the internal use of monesia—namely, twelve pills, each containing 20 centigrammes ($\frac{3}{4}$ grains), and two spoonfuls of the tincture. The sores were dressed with common cerate. Under this treatment the patient was cured in thirty-five days. Nevertheless he continued to take five pills a day till the fiftieth day.

¹ The original here has *cou*, but this must be a misprint for *coude*.—TRANSLATOR.

Since July, the diseased parts have been constantly improving, and a lasting cure may be hoped for. It is right to state, that in this case the preparations of monesia did not cause tenesmus or constipation, although the patient did not employ any purgative; the only thing he complained of was too much appetite.

CASE II.—M. —, æt. 40, who had always enjoyed perfect health, came to France two years ago, and perceived, in the month of April, 1839, that he had an indolent tumour in the left inguinal region. Several physicians of the capital were consulted, and they ascertained that it was a swelling of one of the superficial lymphatic glands, situated in the bend of the groin. On the 21st of the same month, I was also consulted by the patient. The diagnosis was not difficult, but the point was to know how the tumour would turn out. My prognosis was favourable, like that of all the other physicians, excepting M. Lisfranc, who thought that the swelling of the gland, though slight, depended on a general affection. On the 2d of May the groin continued to swell, and from that time all the other glands of that part, as well as of the left iliac fossa, swelled considerably; and this was soon the case with those of the opposite side. Twenty pages would scarcely suffice to tell all that was prescribed by the physicians, and patiently submitted to by M. —. No remedy was of any use, except for a short time; and I therefore proposed monesia, in the dose of 150 centigrammes (23 grains) of the extract a day. The patient at this time was extremely weak, ate but little, and was feverish every day. In a week, digestion had improved; there was a sensible increase of strength, and no fever. The sores were dressed with the monesia ointment. In consequence of these results, I tried to augment the dose of the medicine, and, besides the extract, the patient took two spoonfuls of the tincture, and from four to six of syrup in an infusion of hops. As to the sores, which obviously grew better, the same dressing was continued morning and evening, and every thing promised a speedy cure, when constipation and a most painful tenesmus came on, which obliged us to suspend the treatment. In a few days the sores became larger and larger, fungous, and of a bad appearance.

The dressing was then changed—extract of monesia in powder and the tincture being employed; but these remedies were almost as useless as a host of others which were successively tried. It then seemed clear to me that the internal use of monesia had alone produced the improvement, and its use was accordingly resumed, taking care to make laxatives a part of the treatment. For this purpose the patient had two glasses of Enghien water every morning, and an emollient clyster. In a fortnight, the good effects of the monesia were again perceived; and this was the more to be attributed to its internal use, as the dressing had been performed with simple cerate.

At present, the swelled glands of the groin are softening and disappearing, without any suppuration. Those of the iliac fossa are diminishing in size; the sores have cicatrised, and the disease, far from attacking the lymphatic glands of the other parts of the body, as is commonly the case, is localised, and is much lessened. The patient eats with a good appetite, sleeps well, and takes exercise three hours a day, which makes us hope for a fortunate termination of the disease.

Another result which I have obtained from the use of monesia, and which has been observed by other practitioners likewise, is its action upon the uterus in cases of metrorrhagia. I will give two instances:—

CASE III.—Madame —, of a plethoric constitution, was attacked, after the catamenial period, with a flooding, which obliged her to keep her bed and seek for advice. After having employed cold drinks, ligatures on the limbs, cupping-glasses, and other revulsives, without success, I made the patient take five monesia pills, each containing 20 centigrammes (3 grains and 3-5ths). The next morning she was very weak; the skin burning, the pulse scarcely perceptible, the face pale, and the eyes sunken. She had shivering fits from time to time, a sensation of weight in the loins, transient

colic pains, and headach, with sleepiness; and what was more, the hemorrhage did not diminish. I then prescribed twelve pills of extract of monesia to be taken every hour. The discharge stopped the same day, and never returned.

CASE IV.—Madame —, aged 20, who had been married six months, had frequent pains in the loins; and in a few days a flooding came on, which obliged her to keep her bed. The hemorrhage increased, as soon as the patient got up; there was no pain in the abdomen, and no constipation; the pulse was weak and irregular, and from 76 to 80 in a minute. Revulsives, cold and acidulated drinks, clysters of cold water, and compresses dipped in iced water and applied to the thighs, had no effect. The ergot of rye was then employed, but as this excited vomiting, it was discontinued, and pills of the extract of monesia were ordered to be taken every hour, until an effect was produced. After fourteen pills the hemorrhage ceased. The patient then took cold broth at intervals, and in spite of the lightness of this food, the discharge returned in the evening with violence, and again ceased after the exhibition of ten monesia pills.

On the following day, the dose of the medicine was diminished to 75 centigrammes (14 grains), and in six days the patient was quite well.

Quite lately, I employed the acrid principle in powder, in the dose of 15 centigrammes (2 grains and 7-10ths), taken in a prune; it was to stop a uterine hemorrhage, which had suddenly come on during the night; the discharge ceased the same day. But as this case stands alone, additional facts are necessary to prove the power of the acrid principle under such circumstances. In every case, monesia acts in a remarkable manner upon the uterus, when it is not in its natural state. This new medicine may be used in different ways, and it acts on different organs, particularly when they require to be strengthened without too much excitement.

This is confirmed by the following passage from M. Buchez:—

"I have tried the extract of monesia," says this skillful practitioner, "in different affections of the mouth, particularly in inflammation of the gums, and uniformly with advantage. Its application produced a good effect, by almost instantaneously soothing the pain, which often accompanies inflammation. This mode of treatment I have found very successful in the scorbutic swelling of diseased gums, and it has removed affections which had previously resisted other remedies. When caries of the teeth is attended with pain, the application of monesia is sure to remove it in a few moments."

When all the ascertained facts are compared together, one is struck by the very peculiar tonic action of monesia on every organ. As its powers have been tried in more than four hundred cases, we may be allowed to consider monesia as a very useful remedy, under several circumstances, particularly scorfulous affections and uterine hemorrhage. Hence the art of healing was made a real acquisition; nor is it to be imagined that this tonic has any analogy with those already known; quite lately a tannin ointment, and monesia ointment were tried and compared with each other, and the advantage was on the side of the latter. Moreover, it is clear that every medicine acts in its own way, and that there cannot be two whose special effects are the same. Well informed practitioners know that one purgative cannot be indifferently substituted for another; that every narcotic has not, to the same degree, the power of soothing and producing sleep; that the action of the various tonics is also very different; and that the general effects of medicines are like the difference of faces; many resemble each other at the first glance, but none can sustain an exact comparison.—*Gaz. Médicale*.

¹ There is some mistake in the original here, "que l'on ne croie pas que ce tonique a quelque analogie avec ceux déjà connus;" for, granting that its effects are not identical with those of any other tonic, there is a well marked analogy.—TRANSLATOR.

BIBLIOGRAPHICAL NOTICES.

Annual Report of the Ohio Lunatic Asylum.¹

The more we see of the successful results of the establishment of Lunatic Asylums in other states and in other countries, the more do we regret, that the fiscal concerns of Pennsylvania have hitherto prevented her from having a similar institution. In no part of the world is it more needed, and we trust that the philanthropic exertions of those who have interested themselves so deeply, thus far, will not be pretermitted.

The report before us contains the first annual statement of the superintendent, Dr. Awl. The whole number of patients admitted from Nov. 30th, 1838 to Nov. 15, 1839, was 157—87 males and 70 females. Of these 114 were old cases, and 43 recent, (that is, where the duration of the disease was less than one year before the admission of the patient). 125 were paupers; 32 pay patients. Eighty-eight were single; 56 married; 11 widows, and 2 widowers.

The construction of the asylum, we are told, is such as to admit of perfect classification—a most important circumstance; and the straight jacket has never been used—confinement in an appropriate lodge being substituted, which has always been found effectual.

Dr. Brainard's Address to the Medical Graduates of Yale College.²

It is the custom, in the medical department of Yale College, for one of the Board of Examiners for degrees and licenses—not one of the Faculty of the college—to address the candidates. Hence it is not to be expected, that we can always have the production of a practised and finished lecturer. We have, however, drawn the attention of our readers to similar addresses from the same college, which have been extremely creditable to their authors. Dr. Brainard's address, although not without faults in matter and manner, is deserving of commendation, and we doubt not was not without its effect for the time—we wish we could say, that his sound lessons of morality would adhere to his auditors through life. The whole of the odium that rests upon our profession, for their unworthy strifes and breaches of morality, appertain to but a few; yet if any of those few are placed in influential positions, there is no end to the mischief they may give rise to among the young and the ardent. Dr. Brainard's inculcations are unexceptionable. Some of his medical opinions may be less tenable. We cannot, for example, "rejoice" with him, "that there are some specifics," and wish with him that there were more. We know of no remedy, which can be classed as such in the ordinary acceptance of the term. Certainly mercury is not a specific for syphilis; and this would be the strongest example that could be selected. The more we know of the human body, the less shall we be-

¹ Annual Report of the Directors of the Ohio Lunatic Asylum, to the thirty-eighth general assembly. Presented Dec. 5, 1839. 8vo. pp. 31. Columbus, 1839.

² The annual Address to the Candidates for Degrees and Licenses, in the Medical Institution of Yale College, Jan. 21, 1840. By Dyar T. Brainard, M. D., member of the Board of Examination. Published at the request of the Class. 8vo. pp. 16. New Haven, 1840.

lieve in the power of particular agents to destroy particular morbid conditions.

The following brief extract affords a favourable specimen of Dr. Brai-
nard's style.

“The profession, gentlemen, which you have chosen, is one of very great responsibility, and it imposes on you great anxiety and great labour, both mental and bodily. Henceforward, if you continue in it, most of your time must be devoted to study and contemplation. With distressing scenes you will have to become familiar—disease will baffle your best laid plans of action, and pestilence which walketh in darkness will set you at defiance. You are doomed to see pain and anguish, misery and death, without the power of affording relief. There is, however, another and more pleasant view of the picture, which will reconcile you to all you may have to encounter. The resources of medicine are great, and you will have the pleasure of seeing numerous diseases submit to your skill. You will enter dwellings where you will see pain and distress, fear and apprehension, and will convert all into ease and happiness—tears into smiles, fear into hope, pain and agony into health and strength. These are the rich rewards for your hard toils and troubles, and they can be gathered in as great abundance from the humblest cot, as from the most splendid mansion. The consciousness of having relieved pain and distress, of having averted imminent danger, and of having cured threatening and violent disease, by prudent and judicious means, is a compensation greater than the opulent can bestow. For this reward, how many do you see, the most eminent in our profession, labouring with the most persevering zeal and the most untiring industry. Their labours, it is true, are for the most part required by the wealthy, but yet them get once engaged, and wealth and poverty are immediately forgotten—gold in all its forms loses its power. It can neither advance nor retard them in their pursuit. In this enterprise the young physician can always engage to advantage. In all large towns the poor are his first patients; but let not the proud and haughty sneer. His diligence and attention are more than an equivalent for the extra skill and limited attendance, which his more experienced brother could bestow, and his labour will surely meet with its reward.

Minor troubles you are destined to encounter, and smaller compensation you are destined to receive. You will sometimes be censured when you do right, and applauded when you are entitled to no praise. You will find the majority of mankind not always the best judges of medical ability, and hence it is, that so many pretenders gain reputation and wealth by theirunning and address. This cannot be easily avoided or very cheerfully submitted to; but the best consolation for you will be always so to act, as to be fairly entitled to your own commendation. But however easy this may seem at first view, it will take much exertion on your part to effect it. And the first requisite I shall mention is industry, which will do more for the advancement of any person, than the young and inexperienced will believe. This is a subject, as we all know, which is always held up to them, and for the most part it makes an impression in proportion to their ages, and the older they grow, the firmer will be their belief in it, which is sometimes not fully established, until increased years have rendered its truth of but little consequence to them. All I can say is, the sooner a young man believes it the better.

The effect of this truth has been so great, that many distinguished for high talents and extensive acquirements, have doubted the advantage of genius. Well they may, if they see it go hand in hand with indolence. But industry, to produce its best effect, should be properly directed. The reading of one medical book and then another, in the shortest possible space of time, without regard to system or some definite object, is not the best way of gaining the reward of your labours. A better method is, to take

a subject and read the best authors, and compare them. Never be in a hurry, but always be attentive, and always have the object of pursuit in view."

MISCELLANEOUS NOTICES.

Preservation of Bodies for Dissection. BY THOS. MARSHALL, M. D.—Having lately observed in the Medical Gazette an account of some experiments performed by Drs. Babington and Rees, with the view of preserving the human body for the purposes of dissection, a desideratum, which, if attainable, would be of no small moment, not only to the student of anatomy, but also to the practical anatomist; however, the last and best of the experiments described by these gentlemen, appear to be so much loaded with trouble and expense, as to prevent its ever becoming generally useful to either the one or the other.

Permit me, therefore, through your means, to offer to those who desire it, a much more simple, a far less expensive, and equally efficacious remedy for this purpose. When the body is first received into the dissecting-room it must be punctured over the whole surface with acupuncture needles, or the point of a narrow bistoury, scalpel, or scissors, the punctures being made pretty closely together, and deeply over the fleshy part; and, if for a dried arterial or venous preservation, the punctures ought to be made with very fine needles, and after injection; as, if done with bistoury or scissors, the wax, when exposed to heat, exudes from the punctures made in the vessels.

This being done, the body is brushed over with acetic acid—specific gravity 1.048, which must be brushed into it slowly and repeatedly, so that the acid may fully penetrate the innermost parts; a small incision may likewise be made in the thoracic and abdominal parietes, through which a sufficiency of the acid, slightly mixed with water, may be poured.

Repeating the application of the acid to the surface of the body, for six or eight days, will not only preserve it free from putrefaction, but, at the same time, remove incipient greenness, and every species of odour, except the pungent, yet volatile odour of the acid, which, I should think, could be easily borne by the most fastidious student.

The only trials as yet made in the above way, have been, 1st, Catharine Daimond, courtesan, aged 26, cause of death not known, brought into the University dissecting-room on the 18th of May, three days after death, where, being Saturday night, the body lay till Monday morning, when it was placed in warm water for the purpose of arterial injection; after the body had become cold it was punctured with a pair of scissors, then brushed with the acid, as already mentioned; and by night the body (and during the day those parts not being dissected) was covered with damp cloths to prevent evaporation and consequent dryness: after three brushings, the abdominal muscles, which had become perfectly green, were restored to a fine natural colour; and the abdominal cavity, into which the diluted acid had been poured, though not opened for twenty-four days, was quite free from odour or the slightest appearance of putrefaction. The body remained on the table from the 18th of May till the 4th of July, fully exposed to the heat of a powerful sun in a room well lighted from the roof; and had it been necessary, by the same means it might have been preserved soft and beautiful throughout the warmest summer.

2d, John M'Caskle, labourer, aged 45, died 4th of November, in the Royal Infirmary, where the body had been inspected, received into the University dissecting-room on the 6th, where the body lay till the 16th, when the whole of the face, trunk, and upper extremities, became altogether green, and fast

¹ Lond. Med. Gaz., Dec. 20, 1839, p. 472.

tending towards decomposition. On the 16th the discoloured parts were closely punctured with a pair of scissors, and three gills of acetic acid slowly brushed thereon; damp cloths were then placed upon the parts till the 18th, when the acid was again applied. On the 19th the remainder (altogether five gills) of the acid was used, and on the 20th the whole of the parts into which the acid had been brushed were perfectly restored to whiteness; and, indeed, the changed colour of the parts could be easily perceived after each application of the acid, more especially when the cloths were moistened with the acid, and closely applied to the parts.

The dissection of the body was commenced on the 20th November; and, on removing the skin of the face, neck, trunk, &c. small portions of the muscles of the trunk and upper extremities were a little green, but they were firm, and wholly free from odour, which last circumstance formed a broad contrast to the smell of the cranial cavity, where none of the acid had been used; the muscles of the face and neck having undergone less change, were entirely free from colour.

The punctures made in the skin, when large, give the body a somewhat odd appearance, but beyond this they are harmless, as the subjacent parts are thereby not at all injured for common anatomical pursuits; yet, if the cloths are wetted with equal parts of acid and water, and closely applied to the body, the finest long needles may be used; by this means the punctures are hardly perceptible, and two days' application in this way will beautify any subject.

The second subject was undergoing dissolution so rapidly that no student thought it worthy of dissection; however, on beholding the magical influence of the acid in restoring the natural colour and removing incipient putridity, the parts so improved were eagerly sought after.

For the above method of using the acid I am indebted to a pupil of my own, Mr. Daniel Wilson, of the Royal Navy, who, having formerly witnessed my many fruitless and expensive attempts to preserve the body, even for a short period of time, by injecting it with pyroligneous acid; and, moreover, having seen the antiseptic virtues of this acid fully and beneficially tested within the tropics, by preserving recently killed animal food for an indefinite length of time, was induced to give it a trial, in the manner now described, and the trouble, as already mentioned, was very trifling; and the expense did not exceed, in the first instance, five shillings, in the second, little more than two, although buying the acid at the retail price.

Medical Society of the State of New York.—At the annual meeting of the Medical Society of the State of New York, held at the capital in the city of Albany, on the 4th, 5th and 6th inst., the following gentlemen were elected officers for the ensuing year.

DR. SUMNER ELY, of Otsego, President.

DR. JOHN B. BECK, of New York, Vice President.

DR. PETER VAN OLINDA, Secretary.

DR. PLATT WILLIAMS, Treasurer.

Censors Southern District.—Drs. Edward G. Ludlow, James R. Manley, John C. Cheeseman.

Censors Eastern District.—Drs. Joel A. Wing, Jonathan Eights, Peter Wendell.

Censors Middle District.—Drs. E. B. Burroughs, Augustus Willard, Thomas Goodsell.

Censors Western District.—Drs. Lansingh Briggs, Lyman Clary, William Taylor.

Committee of Correspondence.—Dr. Chandler R. Gilman, 1st senate district; Dr. William Horton, 2d do.; Dr. Robert G. Frary, 3d do.; Dr. William Tibbitts, 4th do.; Dr. Thomas Goodsell, 5th do.; Dr. Augustus Willard, 6th do.; Dr. Phineas Hurd, 7th do.; Dr. Henry Maxwell, 8th do.

Permanent Members.—Dr. John McClellan, of Columbia county; Dr. Chas. S. J. Goodrich, of Rensselaer county.

Honorary Members.—Dr. Placido Portal, Palermo, Italy; Dr. George B. Wood, Pennsylvania.

Committee on Prize Questions and Dissertations.—Dr. James McNaughton, Dr. Jonathan Eights, Dr. T. Romeyn Beck, Dr. Robert G. Frary, Dr. Eli Pierce.

Committee of Publication.—Dr. T. Romeyn Beck, Dr. Joel A. Wing, Dr. James McNaughton.

The following were adopted as Prize Questions, and the sum of fifty dollars voted to the successful candidate on each question:

1. The Medical Literature of Cholera Morbus; previous to the appearance of the Epidemic Cholera.

[It is expected that the medical history of cholera morbus in this county will be particularly examined.]

2. An Analysis of the Discoveries concerning the physiology of the Nervous System, from the publications of Sir Charles Bell, to the present time; both inclusive.

[The report of Dr. Wm. Charles Henry (in the 2d vol. of report of the British Association of Science) made on this subject in 1833, may be freely used, but it is required to continue the analysis down to the present time.]

The dissertations must be forwarded to the Secretary, on or before the 1st of January, 1841.

P. VAN OLINDA, Secretary.

Albany, February 17, 1840.

Louisville Medical Institute.—This flourishing Institution, which has been in action but three sessions, counts 204 students:—of these there are from Kentucky, 67; Tennessee, 48; Alabama, 24; Indiana, 18; Mississippi, 15; Illinois, 9; Missouri, 7; Ohio, 7; Virginia, 3; Louisiana, 1; Georgia, 1; South Carolina, 1; North Carolina, 1; District of Columbia, 1; and England 1.

Beck's Statistics of Medical Colleges.—Our estimable and distinguished friend Prof. T. Beck, has concluded his statistics of the Medical Colleges of the United States, which will afford valuable data for all future chronographers. They will appear in the Transactions of the Medical Society of New York.

Practical Obstetrics.—Dr. Warrington.—The members of Dr. Warrington's practical obstetric class of the Philadelphia Dispensary, have passed resolutions extremely complimentary to the Doctor, and his system of instruction. We shall insert these in our next number.

BOOKS RECEIVED.

From Professor Hooker, of New Haven.—The annual Address to the candidates for degrees and licenses in the Medical Institution of Yale College, Jan. 21, 1840. By Dyar T. Brainard, M. D., member of the Board of Examination. Published at the request of the class. 8vo. pp. 16. New Haven, 1840.

From Professor Short, of Louisville.—Catalogue of the Officers and Students of the Medical Institute of the city of Louisville, Jan. 1, 1840. 8vo. pp. 12. Louisville, 1840.

From Dr. Welch, of Stark, Ohio.—Annual Report of the Directors of the Ohio Lunatic Asylum to the 38th General Assembly. Presented Dec. 5, 1839. 8vo. pp. 31. Columbus, 1839.

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ART. I.—CASE OF THORACIC DISEASE.

BY JAMES M. GREEN, M. D., OF MACON, GEORGIA.

Continuation of the case of T. L. S., published in the Medical Intelligencer, for Dec. 1, 1839, p. 263

He with great difficulty acquired strength enough to walk about, which he continued to do for about a month, and would do, in the very worst weather, in defiance of all exostulation, notwithstanding he had severe attacks of dyspnœa and difficult expectoration several times daily, and several quite severe exacerbations—he occasionally had exhausting perspirations,—he complained that he did not “breathe in his right lung,” and the respiration became more and more indistinct, and the heart I thought moved higher up in the chest—his temper became so irritable that he frequently rejected all advice, professional or other. On the 9th of December, I was sent for in haste, and found him again prostrated, and on inquiry ascertained that he had exposed himself much lately by going out and remaining frequently a long time in the rain and damp. He was most evidently labouring under inflammation of the brain—he complained of great pain in his head, with frequent and sudden “darts” of pain in his right eye, great difficulty in expressing himself, every few minutes his breathing became “catching,” very restless—sometimes delirious—skin hot—pulse very quick—he also had great pain in his chest under the sternum. I did not notice any changes in the respiratory phenomena worth relating, though from his extreme restlessness and constant exclamations it was imperfectly done. Notwithstanding the immediate adoption of as vigorous an antiphlogistic treatment as I thought proper in his case, by moderate general depletion; local depletion from various parts of the thorax; blistering to the back of the head and neck, and to the breast, right side, epigastrium, and subsequently to the extremities; he soon sank into a hopeless condition, although his life was prolonged for two weeks—during the last week of which he was much troubled with ocular spectra and floccitation, he saw “thousands of beautiful, white cattle,” “smoke arising from a pincushion,” “gold dust rising in clouds from the floor,” “white bedbugs on the ceiling,” &c.—last four days had retention of urine requiring the catheter—involuntary alvine discharges—and the last day, he spat up and discharged by stool a considerable quantity of matter resembling coffee-grounds—muscular strength considerable and voice strong. I forgot to mention in the preceding report that he was also troubled with hydrocele in the left scrotal cavity, which I tapped in April, 1839, and again four weeks preceding his death, as it caused a good deal of irritation in his urinary organs. He died about 5 o'clock on the evening of the 23d December.

Post mortem examination, eighteen hours after death, assisted by Doct. John B. Wiley. In consequence of my own indifferent health and great asperity of the weather, the examination was rapidly and imperfectly con-

ducted. Body not very much emaciated; left side of thorax very resonant on percussion; right side dull. On raising the sternum our attention was first attracted by the left lung, a portion of the upper and anterior edge projecting as far to the right of the sternum as the junction of the ribs and cartilages; this portion of lung was about two and a half inches wide, and under the upper part of the sternum and cartilages of the three superior ribs—the anterior edge of the lung (or the pleural cavity) then extended obliquely downwards and to the left, until it reached the interval between the eleventh and twelfth ribs, (to ascertain this fact I passed my hand down to the lowest part of the pleural cavity, and on pressing my fingers outwards, found that they projected out between the eleventh and twelfth ribs); the pleura was smooth and glistening throughout its whole extent; the lung was of natural colour, though it felt lumpy on the surface and was pretty thickly interspersed with botryoidal masses of tuberculous matter, (which I was unprepared to find, recollecting the clear resonance and puerile respiration); the masses were generally not nearer than half an inch, and varied in size from a grain of barley to the end of the finger, and were surrounded by healthy vesicular structure; no surrounding induration or inflammation. They were apparently of recent formation; none of them suppurated or calcareous; the posterior and inferior edge of the lung was solidified, of a light red colour, and on incision there flowed out a frothy serosity; the anterior and inferior edge of the lung was divided into many lobules by corresponding sulci.

Right lung was a dense, oblong, flattened mass, about as large as two fists, and drawn up into the apex of the thoracic cavity; with the exception of a little tolerably healthy vesicular structure in its lower and anterior part, this lung was a mass of dark red, indurated hepatisation (both chronic and recent I suppose) interspersed with tubercles in various states of development from the soft cartilaginous granulations to hard calcareous concretions; in its lower and posterior part there were several insulated cavities, varying in size from a pea to a marble, and lined with a thick adherent pus-like matter; in taking it out of the thorax we tore open a round tuberculous excavation, as large as a walnut, and containing a teaspoonful of a purulent serosity; below the lung there was an empty empyemal cavity capable of holding a pint, and lined with thick, dry, cream-coloured false membranes. The trachea was dilated to its utmost extent and shaped like a stirrup, situated on the left of the vertebral column: its bronchial continuation down into the left lung was also dilated; the right bronchus very large, and terminating abruptly in three nearly obsolete tubes; this nearly complete closure of these bronchial tubes took place a little after the bronchus passed into the lung. On slitting up the pericardium we found about two teaspoonfuls of lemon-coloured serum. Heart—this organ was apparently of natural size, its situation was precisely where we might have anticipated from the stethoscopic phenomena during life, its base was behind the cartilages of the fourth, fifth, and sixth ribs, its apex pointing downwards and to the left, was near the middle of the sternum. In the right ventricle we found a fibrinous concretion, nine inches long; it was attached by many ramifications to the right and posterior part of the ventricle; was as large as the little finger where it passed into the pulmonary artery, and gradually tapered to a point; in the left ventricle there was another concretion perfectly similar to the latter, but only six inches long; there was a good deal of coagulated blood attached to the posterior surfaces of these concretions, but it did not surround them, and could be easily rubbed off without injuring them; in the right auricle there was another polypus about one and a half inches long. The inquiry presents itself to our minds,—of what date were these fibrinous concretions, (they were evidently not recent,) and did they during life enter this distance in the pulmonary artery and aorta, or were they doubled up in the ventricles? During life I examined his heart both with ear and stethoscope, and never heard any morbid sound connected with

the reflux of blood against the semilunar valves. Connected with this subject I may mention, that I opened the body of a woman named Sally Sinans, two years since, who died of deep-seated inflammation of the brain, and in whose heart, in the right ventricle, we found three of these polypoid concretions, two of which entered into the pulmonary artery two or three inches, the other was shorter and thicker.

T. L. S.'s left lung presents another instance, which may be added to Dr. Graves's case, of partially solidified lung with clear resonance.

Yours respectfully,

JAMES M. GREEN.

DOCT. R. DUNGLISON.

ART. II.—ON THE TREATMENT OF BRONCHOCELE.

BY JOHN CHARLES HALL,¹

F. L. S., F. M. B. S., Member of the Royal College of Surgeons, London, &c. &c.

The first questions a student asks when the name of any disease arrests his attention, are (or ought to be,) what is this complaint? where situated? on what does it depend? Possessed of this information, it behoves him, in the second place, to inquire, what are the most successful means of treating it.

The term bronchocele is derived from the Greek words, *βρογχος*, the *wind-pipe*, and *ωνμα*, a *tumour*; it is named by the Swiss *gotre*, or *goitre*; you frequently see it among the inhabitants of the hills of Derbyshire, where it is commonly known as Derbyshire-neck.

Bronchocele may be either simple or compound; the *thyrophraxia* of Alibert is the most common form of the disease, and is nothing more than an enlargement of the thyroid gland, the skin covering the part being unaltered in structure, and not involved in the disease. For the most part it is free from danger, unless it becomes so large as to impede respiration. It is free from danger, simply because the duties of this gland in the economy of our nature are not so important as to be essential to the continuance of life. One case, however, is mentioned, in which the disease assumed a cancerous form, and the woman afflicted with it perished in consequence.

The seat of bronchocele, therefore, is generally found to be the thyroid gland, although cysts are sometimes formed in the cellular membrane surrounding it: this leads us to speak—

2dly, Of compound bronchocele.—Here we have the disease in the greatest possible severity: sometimes calcareous and other heterogeneous substances are connected with it; at others the gland itself is attacked with true sarcoma.

The term bronchocele, in England, always signifies simply an enlargement of the thyroid gland, which not unfrequently occupies a space extending from one angle of the jaw to the other; and also forms a swelling on the front part of the neck.

This swelling is more or less irregular in form. At the first it is generally of a soft spongy feel; the skin retaining its usual hue. If the disease, however, remains for a considerable time unattended to, the veins of the neck frequently become varicose.

Prosser remarks—"The tumour generally begins between the eighth and twelfth years; it enlarges slowly during a few years, but at last it augments very rapidly, and forms a bulky pendulous tumour. Women are far more subject to the disease than men; and the tumour rapidly increases during their confinement in childbed." Sometimes bronchocele affects the whole of the thyroid gland, that is to say, the two lateral lobes and the

¹ Lond. Med. Gaz. Dec. 6, 1839, p. 365.

middle portion; and here it sometimes happens that you may observe three tumours of unequal size. Sometimes after death the gland has been found perfectly free from disease, the tumour having formed among the surrounding lymphatic glands and cellular substance.

Burns, in his *Anatomy of the Head and Neck*, remarks, "that when one lobe of the thyroid gland is affected, it may extend in front of the carotid artery, and be lifted up by each diastole of this vessel, so as to have the pulsatory vibrations of an aneurism." Some authors have observed, also, that the right lobe is more frequently enlarged than the left; this fact, I believe, was first mentioned by Alibert; and Mr. Rickwood tells us "that he has witnessed the same thing in every case that came under his notice in the neighbourhood of Horsham, Sussex."

This disease is common in most of the valleys of the Pyrenees, Appennines, and Alps. In fact, there are certain localities where it is so frequent, that you can scarcely find a single individual altogether free from it. In the Tyrol and Corinthia there are to be found whole villages in which, without exception, all the inhabitants have these swellings; and they are considered indicative of additional personal charms. In many the swellings are so large as not to be concealed by any kind of clothing.

A state of idiotism is another affliction not unfrequently attendant upon bronchocele, particularly in countries where it abounds; yet all who are attacked with bronchocele are not idiots, or cretins as they have been called. In Italy and elsewhere it is met with in persons whose mental endowments are of the highest possible order. A patient whose case I shall shortly mention was a young lady of considerable talent, showing an aptitude to acquire whatever she attempted to learn. Several writers, and among them Fodéré, have ascribed the state of the mind to the affection of the thyroid gland. This opinion, however, seems to have been arrived at without any reason; for in idiots the mental faculties are weak from their earliest years. In many, also, idiotism is complete where we find no enlargement of this gland, or even a tendency to enlargement, and in cases where the tumour is too small to impede the current of blood to the head. It would consequently appear that the cases in which weakness of intellect and goitre have been observed coexisting, must have been accidental; and this conclusion appears strengthened, when I remember that I have of late frequently observed bronchocele in particular districts, and at the same time seldom or never observed any of the inhabitants to be idiots.

Mr. Cooper, in his last edition of his *Surgical Dictionary*, remarks, "that bronchocele is not confined to Europe; it is met with in almost every part of the globe. Professor Barton, in his travels amongst the Indians settled at Oneida, in the state of New York, saw the complaint in an old woman, the wife of the chief of their tribe. From this woman he learned that bronchoceles were by no means uncommon amongst Oneida Indians, the complaint existing in several of their villages. He found also that the varieties of the disease were the same as in Europe."

The great danger of bronchocele in this country, appears to be, as above stated, the difficulty of respiration produced by the pressure upon the wind-pipe by the tumour, and other glands which become enlarged; for by disordering the pulmonary circulation the pulse becomes quickened, irregular, and very frequently intermittent. A strong throbbing is excited in the region of the chest, followed, as some writers remark they have observed, by even fatal disease of the lungs; consequences frequently not supposed to have any connection with this disease, though, in truth, the bronchocele has been the primary cause of them.

Causes of Bronchocele.

It would appear from what we have stated—from the observations of all

¹ *Vide Med. and Phys. Journal, 1823.*

writers upon this subject—that certain districts tend to produce this affection of the thyroid gland. Some have gone so far as to assert that change of air is more efficacious than any remedy that can be used. Again, it has been attributed (and apparently with some degree of reason) to certain chemical properties in the water; and Dr. Odier gives credit to this theory, because he observed “that distilled water not only prevented the increase of the swelling, but also tended to lessen its bulk. However, every explanation is very unsatisfactory, particularly when we call to mind this passage in the writings of that justly celebrated physiologist, Humboldt. “Persons afflicted with bronchocele (he observes) are met with from Honda to the conflux of the Cauca, in the upper part of the course of the Magdalen river; and on the high flat country of Bigota, 6000 feet above the bed of the river. Now the first of these three regions is a thick forest, while the second and third have a soil destitute of vegetation; the first and third are particularly damp; the second is peculiarly dry. In the second and third region the winds are very tempestuous; in the first the air is stagnant.

Temperature.

	Centigrade degrees.
First and second region,	22 and 33
In the third,	4 and 17

Again, the waters drunk by the inhabitants of Mariquita, Honda, and Santa Fé de Bogota, where bronchoceles occur, are not those of snow, and issue from rocks of granite, freestone, and lime. The temperature of the waters of Santa Fé and Mompor, drunk by such as have this disease, varies from nine to ten degrees. Bronchoceles are more horrid at Mariquita, where the springs which flow over granite are, according to my experiments, chemically more pure.”

So much, then, for the influence of local causes in producing this disease: at the same time we must admit that certain districts are more subject to goitre, although there are few parts of England altogether free from it. This leads me to speak, lastly, of the

Treatment of Bronchocele.

I have divided bronchocele into two kinds—1st, simple; and 2dly, compound; to the treatment of the former, however, I shall confine my remarks in the present paper. Without entering into a critical examination of the favourite plans of different surgeons, I shall extract a few cases from my note-book, illustrative of the method of treatment that I found to be most successful.

CASE I.—Miss Mary R. æt. 17, somewhat below the middle height, thin, and of rather a sallow complexion, came with an enlargement of the thyroid and glands, which she said she had been suffering under for the last six months, during three of which she had been under the care of a surgeon who had given her Tr. Iodinæ in large doses. The catamenial discharge, though not altogether wanting, was pale and scanty, the periods being very irregular; the tongue was furred, with red edges; the bowels costive; frequent headach; and a disinclination to move about; fancies she is thinner since she took the iodine.

I thought it would be useless to attend to the enlarged gland until her general health was improved; I therefore ordered her to live upon

New milk with meat once a day; the meat to be dressed in the plainest manner; to avoid pastry and vegetables, and to take as much exercise as her strength would permit.

I likewise ordered her to take the following pills three times a week, at bed-time.

℞. Pil. Hydrarg. gr. ij.; Pil. Rhei co. (E. P.) gr. viij. Miscæ ft. pil. ij.

She also took the following mixture :

℞. Inf. Gent. co. ℥iij. ; Sodæ sesquicarbonatis, ℥i. ; Tr. Aurantii, ℥ss ;
Aq. Cinnam. ℥iiss. Capiat coch. iij. mag. ter quotidie.

Under this plan of treatment she gradually recovered her health ; the yellow appearance of the conjunctiva was exchanged for the hue of health ; the sallowness of the skin was removed ; the bowels were in a more healthy condition, to use her own words, "if it were not for my neck I should be quite well, but it hurts me when I sing."

The bronchocele during this time (about one month) remained much the same : if any thing, it rather diminished than grew larger ; it was, however, still very large, the whole gland being affected. The tincture of iodine having failed, as well as the local application of it, I determined to adopt a plan that I had before found to be successful, and which I have every reason to think will succeed in the great majority of cases. I first ordered the application of six leeches to the part ; these were repeated three times during the first ten days, the part being well fomented three times a day with warm water.

℞. Liq. Potassæ ℥j. ; Tr. Card. Co. ℥ij. Miscæ Sumat. ℥ xv. ter quotidie. ex. inf. Zingiberis.

The liq. potassæ was gradually increased to ℥xxiv. three times a day. I then thought it advisable that some local application should be made use of, and the following ointment was ordered to be applied (rubbed in with the hand) twice a day, the part being first well washed with warm water for at least a quarter of an hour.

℞. Potass. Iodidi, ℥j. ; Ung. Cetacei, ℥j. Miscæ ft. unḡ.

This plan of treatment was steadily followed during the months of June, July, and August, the patient taking once a week a pill composed of pil. hydrarg. et ext. colocynth, with a rhubarb draught the following morning. The last week in August she came to me without the slightest remains of the bronchocele—perfectly recovered.

CASE II.—Mary Padley, æt. 14. Her mother has a large bronchocele, which has not increased for some years past. "Her daughter had some difficulty in swallowing, and at length they found a small tumour." It is now about the size of an orange, situated on the right side of the gland, and gradually increasing towards the other side of the neck. She is very much out of health ; complains frequently of pain in the head ; a great disinclination to take food. Has menstruated once, about two years ago, but never since. The mother, who lived formerly at Derbyshire, says that all her own family are subject to goitre. The girl is of rather light complexion, blue eyes, thin and tall.

To live upon a milk diet, with meat once a day ; to avoid fruit pies, (upon which she says she has almost lived for the last two years,) and vegetables.

℞. Pil. Hydrarg. gr. j. ; Pil. Aloes, c. Myrrh. gr. iv. ; Ft. Pil. alternis noctu, sumenda.

℞. Vin Ferri. ℥j. ; Aq. ℥ss. M. ft. haust. ter quotidie sumenda.

For some time subsequently I treated this case with the tincture of iodine, but the tumour increased gradually till I substituted the liq. potassæ in the same doses as in the former case. The gland was leeches twice, and rubbed with the same ointment. In three months the swelling had altogether vanished, after which the girl was directed to attend particularly to her health, to keep her bowels open, and to avoid improper food. I heard from her a few days ago ; the bronchocele has not returned.

CASE III.—John J., a boy æt. 13. Left lobe affected ; but small, not larger than a walnut. A blister was applied ; after it had healed, leeches, alterative medicines, and liq. potassæ. This case was cured in six weeks. No local application after the blister and leeches, except friction with the hand.

CASE IV.—Mrs. R. (the aunt of Case I.) observed about three years ago that shortly after her last accouchement a swelling appeared in the front of her windpipe; it has gradually increased in size, and is now very large, extending down the neck. She complains of “her health being very bad.” Her hair is of a light colour, rather inclining to a sandy tinge; the eye-lashes are light; the eyes blue; the complexion pale; the whole appearance enemic. She was ordered blue pill and colocynth, with some bitter infusion and soda; after which leeches were applied to the tumour; a blister afterwards. The gland to be well fomented with warm water, after which the following ointment to be applied twice a day.

℞. Potass Iodidi, gr. xxx.; Pulv. Iodinæ, gr. x.; Ung. Cetacei ℥j. Miscæ ft. ung.

She is now taking ℥xxiv. of liq. potassæ three times a day, and when last I heard from her the bronchocele was gradually diminishing. At some future period I will inform your readers of the result of her case.

I could multiply these cases, were it necessary; but must not longer intrude. I will only remark that I think we may conclude from what has been stated, 1st, that although it abounds in certain localities, that we know not on what it depends; or why it should abound more particularly in Switzerland or Derbyshire than other places; 2dly, that we have no reason for concluding that goitre should produce *cretinism*, although the two are frequently combined; [Dr. Wilson remarks, that “he has observed epilepsy and bronchocele to exist in the same person;”] 3dly, that it is highly important to attend to the general state of the secretions before attempting to make use of specific remedies; and also that considerable advantage appears (in the cases I have seen) to result from fomenting the part affected with warm water (previous to using the iodine ointment;) the application of blisters, and the local abstraction of blood by leeches; the exhibition of liquor potassæ, and alterative medicines. At some future period I shall be happy to resume this subject; for the present I refrain from trespassing longer.

BIBLIOGRAPHICAL NOTICES.

*Dr. Foster's edition of Rigby's Obstetrical Memoranda.*¹

Dr. Rigby has been for years in the habit of writing on a large tablet a brief outline of each of his lectures, “for the purpose of directing the attention of his class to those facts and general laws connected with Obstetric practice which he deemed of peculiar value, and which he was anxious they should not forget.” These outlines constitute the memoranda before us. To them the American editor, whom we know—and knew during the prosecution of his medical studies—to be an ardent and devoted investigator of professional subjects,—has made numerous additions, which are distinguished from the matter of the original work by brackets. Dr. Foster spent some time in Europe after his graduation, and had ample opportunity to cultivate obstetrical knowledge in Dublin, in the admirable Lying-in Hospital of that city, which is placed under experienced individuals, whose names are not unknown to the readers of this journal.

¹ Memoranda for practitioners in Midwifery. By Edward Rigby, M. D. &c., Lecturer on Midwifery, &c., at St. Thomas's Hospital, Assistant Physician to the General Lying-in Hospital, London. First American edition, with additions, by S. C. Foster, M. D., Licentiate of the Dublin Lying-in Hospital, &c. 24mo, pp. 63, New York, 1840.

The following extract will show the nature of these memoranda.

"Natural Labour.—Three stages.—The first commences with the first uterine contractions, and terminates with the full dilatation of the os uteri and rupture of the membranes. The second terminates with the birth of the child; the third with the expulsion of the placenta.

The bowels should always be opened with a mild laxative or enema as soon as labour is perceived to have commenced.

We know that actual labour has commenced by the character of the pains. A real labour pain is situated in the back and loins, comes on and goes off regularly; the hardness of the fundus and tenseness of the os uteri and membranes correspond exactly with the pains. A false pain is in the abdomen, comes and goes irregularly, produces a pinching, griping sensation, has no effect upon the os uteri, &c.

The thicker and more cushiony the os uteri is, the quicker it dilates, and vice versa.

The more albuminous and free the secretion of mucus is, the cooler and more dilatible are the soft passages, the more regular and effective are the pains.

The patient may sit up or walk about as she pleases until the os uteri be nearly dilated, but now she should lie down.

[The usual obstetric position in this country and England is on the left side, with the back turned to the accoucheur, and the hips well towards the edge of the bed.

When the os uteri and passages are perfectly dilated and the bag of waters low down, the membranes may be ruptured. Rupture of the membranes before dilatation almost always prolongs the labour.]

As soon as the head enters the vagina the abdominal muscles are called into involuntary action, and the violent straining pains of the second stage commence.

It is not necessary to support the perineum until its anterior margin or frænulum becomes tense; then support it with the left hand, whilst the right is at liberty to ascertain if the cord be round the child's neck, &c.: let this slip over the shoulders, the anterior one first.

[There is another mode of supporting the perineum which has many advantages. It is with the right hand, the thumb being abducted so as to form with the index finger the letter V. Support is thus given with the palm of the hand, or rather the fleshy part of the thumb, to the perineum, while the thumb and forefinger protect either labium. A soft napkin may be interposed to protect the hand.]

The shoulders are more apt to produce severe lacerations than the head.

Let the body of the child be expelled slowly; the uterus contracts better, the placenta is more readily detached, and there is less fear of hemorrhage.

Wait till the cord has ceased to beat, and the child cried stoutly, before you apply the ligature; there is no need of hurry.

[Apply two ligatures, the first about two inches and a half from the child's abdomen, the other more distant, and cut between them.

Lay your hand upon the abdomen to ascertain if there is a second child: if so, the uterus will be found nearly as large as before labour; if not, it will be contracted to the size of the child's head, or smaller.]

If there be a second child, its expulsion must be conducted on the same principles as the first.

[The membranes of the twin may be ruptured in the course of half an hour, or when they protrude; for the passages are perfectly dilated, and there is always danger of the placenta of the first child becoming separated and causing hemorrhage.

Should the second child present with the arm, back or shoulders, turning should be performed immediately, otherwise wait four hours for the uterus to contract, before interposing art, unless in cases where hemorrhage or any other circumstance demands immediate delivery.]

When you can reach the insertion of the cord, the placenta is in all probability detached. Press it backwards with the examining finger into the hollow of the sacrum, and then bring it gently forward in the direction of the vagina. As it approaches the os externum twist it round three or four times, the membranes will thus come away without laceration.

During the first hour after labour, ascertain every now and then if the fundus be contracted, otherwise you are never sure against hemorrhage, especially internal.

[So long as the placenta is retained, there is more or less danger of hemorrhage. If long retained, the passages will have contracted, so as to make the removal difficult and dangerous. For these reasons the placenta should not be suffered to remain in the uterus for more than an hour and a half or two hours after the birth of the child.

Grasp the uterus gently with the hand, through the integuments, and use slight friction upon the fundus. This will in many cases be sufficient to produce contraction of the womb and expulsion of the secundines.

Should this fail, the hand, well lubricated on the outer surface, is to be introduced into the uterus.

The placenta should not be withdrawn suddenly, but the uterus should be suffered to expel it with the hand by its own contractions.

Examine the secundines after removal to see if they are entire, and ascertain that the uterus is well contracted.

Never pull at the cord.]”

Such memoranda cannot fail to be useful to the young obstetrician.

MISCELLANEOUS NOTICES.

Vital Phenomena of the Blood Corpuscles. By HENRY ANCELL, Esq., Surgeon.—Considering the great neglect of the fluids since the time of Hewson, it is not surprising that until a late period little or no knowledge had been acquired upon this part of the subject. From the authorities already quoted, we are now, however, in possession of very important facts. The relative proportion of the red corpuscles to the transparent fluid, which together constitute the living blood, is greater in the male than in the female sex; in the sanguine, than in the lymphatic temperament; in adults, than in children and old people; in individuals well nourished, than in those subject to scanty nutrition. They are in greater proportion in birds than in other animals; in carnivora, than in herbivora; and, on the contrary, in much the smallest proportion in animals with cold blood. There is a most remarkable and unequivocal relation between the quantity of red corpuscles and the degree of heat developed by an animal; birds which have the greatest number have the highest temperature and the most active respiration; carnivorous and omnivorous mammalia have also a higher temperature and a more active respiration than herbivorous animals, and as we have seen, they are fewest in number in cold-blooded vertebrata. The proportion of the corpuscles of the blood would seem to serve as a measure of the vital energy of the system. A most important observation, also, is that of M. Prévost and Dumas, who have concluded from their experiments, that the fluid part of the blood has little or no action on the nervous system, while the red corpuscles excite it most violently. It appears, also, that every cause which tends to diminish the mass of blood reduces their relative proportion, and augments that of the water, in such a manner as to superinduce both emptiness of the blood-vessels and poverty of the remaining fluid contained in them. Uterine and other hemorrhages produce, in a marked man-

¹ London Lancet, Dec. 7, 1839, p. 384.

ner, this double effect, which may, probably, be explained upon this principle, that in proportion as blood is lost aqueous fluid is received by that which remains, as occurs when bleeding is successfully employed to promote the absorption of dropsical effusions. Individuals who have a large full pulse, with distended superficial veins, indicating an abundance of blood in the system, furnish a large proportion of corpuscles, and comparatively little water; those, on the contrary, with a small, feeble, empty pulse, and superficial veins, scarcely visible, have a large proportion of water and few red corpuscles. The importance of these facts will be enhanced when the physiological phenomena respecting the fibrine are before us, but alone, they prove, incontestably, that the expressions RICH BLOOD and POOR BLOOD have a scientific basis. They have also an inestimable practical importance, and the ridicule which many have attempted to cast upon those who adopt these common-sense opinions, must recoil upon themselves as inevitably as that TRUTH must prevail.

TABLE XIII.

Exhibits the Effects of various Substances upon the red Corpuscles of the Blood, with the names of authorities.

Acetic acid.	Dissolves the envelopes and leaves the nuclei isolated. At the moment of contact the elliptical corpuscles become irregular in form, and some are rendered globular. The colouring matter almost entirely dissolved, leaving small bodies, about a third or fourth the diameter of the originals, which are the nuclei deprived of it. Muller says the membrane is not entirely dissolved, since he could distinguish an exceedingly pale line round the nucleus after the action of the acid. By this means the nuclei of the blood of mammalia may be rendered visible; but the most careful manipulation, and a very clear instrument, are required for the purpose.	Edwards.
Saturated solutions of sulphate soda, sulphate magnesia, nitrate potassa, nit. ammonia, nit. magnesia, nit. lime, chloride sodium, acetate potassa, muriate potassa.	Contract the membranes so that the corpuscles appear quite solid, the envelope being closely applied to the central part.	Hewson, Schultz.
The above solution diluted with six, eight, ten, or twelve times their quantity of water.	No change whatever; the flat shape can be seen even more distinctly than when mixed with serum.	Hewson.
Strong saline solutions.	Elastic fluid around the nuclei partially pressed out, and escapes in the form of air bubbles.	Schultz.
Saturated solut.; carbonate potassa.	Slight and gradual diminution of size.	Müller.
Water holding sugar in solut.	No change in form or size.	
Liquid potassa.	Dissolves both envelope and nuclei without previous change of form.	Müller.
Liquid ammonia.	Dissolves completely and rapidly. At the moment of mixture they become globular.	Müller.
Alcohol.	Contracts.	Hewson, Müller, Schultz.

Hydrochloric acid.	Envelope not entirely dissolved.	Hewson, Müller.
Sulphuric, nitric, and phosphoric acids.	Dissolve.	Hewson.
Aluminous and metallic saline solutions.	When strong, corrugate the corpuscles; when weak, their effects resemble water.	Hewson.
Urine.	When it contains much of its salts, resembles serum; when weaker, its effects more like water.	Hewson.
Strychnia and Morphia.	No Change.	Müller.
Hydrosulphuric acid.	Destroys their colour and their whole substance.	Magendie.
Bicarbonate of soda.	Tinges a scarlet colour.	Magendie.
Tannic acid.	Changes their colour to a pale pink.	Magendie.
Oil.	Dissolves with some detritus, but no separation of aqueous fluid.	Magendie.
Iodine.	Turns the membrane of a remarkable brown colour.	Schultze.
Oxygen of atmosphere.	After distention with water, makes them contract and partially resume their flattened form.	Schultze.
Cold.	Cold spring water makes them contract.	Schultze.
Chlorine gas.	Destroys the colour, but the elliptical particles are only rendered somewhat smaller without change of shape.	Müller.
Oxygen gas.	Form not affected.	Müller.
Carbonic acid.	Form not affected.	Müller.

Kolk, Treviranus, and others, have affirmed that the blood corpuscles possess a rotatory motion during life, which is independent of the moving powers of the general mass of the blood. They are said to move on by themselves, and to keep at a distance from each other, indicating a *vital repulsion*, and when brought into contact with the tissues, they are subject to another and a contrary force, by which they are attracted and tend to a state of rest. These phenomena are compared to vortices, whence particles continually pass from the capillaries, and are lost in the tissues, there being, at the same time, an extrication of particles from the tissues, which are received into the blood. Some most interesting observations are contained in the account of Professor Schultze's observations already referred to. He describes them as possessed of an *organic contractility*, which acts upon the application of certain irritants, and as undergoing a continual evolution and regeneration, whether in the embryo or in the processes of digestion and assimilation. Contractility, according to Schultze, varies in degree in different corpuscles at different periods of their existence, and they are true respiratory organs; this process occurring through them, to a certain degree, in some of the lower animals without a special apparatus, and having a direct effect upon them in the respiratory organs of the higher classes. The blood may be diseased by the accumulation of old corpuscles,—by their colouring matter becoming more or less imperfect—by the augmentation or loss of their contractility, which sometimes becomes perfectly paralysed—by the absence of the healthy respiratory changes, and other circumstances. Medicines, also, may produce their effects on these organic corpuscles. For the particulars of this ingenious system I must refer you to the author himself. Nothing can exceed the interest which attaches to it, but of course it cannot be adopted on the authority of *one witness*; we are here tracing the operations of nature to the *arcantum* of the animal economy, and the utmost caution is dictated both by *prudence* and *philanthropy*, before we adopt any more new systems of medicine. For my own part, I have no doubt that the red corpuscles of the blood undergo actions of repulsion and attraction, referable only to the *vital principle*, proving the narrowness of those

views which have limited vitality to the more solid parts of the body, and the imperfection of every system by which the operations of life are attempted to be explained, without paying due regard to the BLOOD.

This lecture also exemplifies what too frequently happens—an individual, from his researches and discoveries entitled to the highest consideration, and suffering comparative oblivion. Such has been the reward of our talented countryman, William Hewson. The opportunity of contributing my humble mite to do him justice has afforded me great gratification.

Deaths in Philadelphia in 1839.—The total number of deaths was 5113, of which 2711 were males, 2402 females. The number of deaths according to the months was as follows:—January, 468; February, 401; March, 395; April, 447; May, 322; June, 427; July, 687; August, 517; September, 384; October, 421; November, 322; and December, 322.

Jefferson Medical College.—Resolutions of Students.—We are pleased to fall in with the wishes of the committee in regard to the publication of the following resolutions. We may make the same remark as regards the resolutions that follow in favour of Dr. Warrington, to which we referred in our last number.

At a full meeting of the students of Jefferson Medical College, held in the Anatomical Theatre on the 14th of February, 1840, Stephen D. Mullyny having been called to the chair, and James D. Cochran appointed secretary, it was on motion,

Resolved, That a committee of seven be appointed to draft a preamble and resolutions, expressive of the sentiments of the class with respect to the capabilities of the professors of this Institution, and the manner in which they have discharged their respective duties.

Whereupon, Messrs. E. H. Moore, of Va.; H. Houtz, of Ohio; R. C. Beatty, of Pa.; G. T. Newman, of Va.; J. Stuart Leech, of Pa.; E. D. Connor, of Ala., and Andrew Bruce, of Pa., were chosen said committee; and, on motion, the chairman and secretary were added to their number.

After retiring for a short time the committee reported the following preamble and resolutions, which were adopted unanimously.

Whereas, The trustees of this Institution have seen fit to make an alteration in the Faculty since the expiration of the last session, for reasons well known; and,

Whereas, some anxiety may exist, in regard to the qualifications of the present incumbents of the chairs of Surgery and Obstetrics, by those who propose coming to this city to avail themselves of the advantages here offered to the medical student in the prosecution of his studies; and,

Whereas, we wish publicly to express our high regard for those gentlemen, and our entire satisfaction as to the manner in which they have acquitted themselves in the performance of the arduous task which has devolved upon them; therefore,

Resolved, That we consider it unnecessary to say any thing in regard to the old members of the Faculty, their high talents and capacity to teach being sufficiently well known, and fully appreciated.

Resolved, That we consider the changes, which have been made in the chairs of Surgery and Obstetrics, to be improvements which greatly enhance the value of the school.

Resolved, That the thanks of the class be returned to Professors Pancoast and Huston, for the able and satisfactory manner in which they have acquitted themselves.

Resolved, That we consider the present arrangement of teaching the Institutes of Medicine and Materia Medica in combination, to facilitate greatly

the progress of the student, and to present many advantages over the modes in which they are usually taught.

Resolved, That a copy of the foregoing preamble and resolutions be transmitted to the Faculty, with a request to publish them in the catalogue of the present session.

STEPHEN D. MULLOWNY, Mo., *Chairman*.

JAMES D. COCHRAN, Pa., *Secretary*.

Philadelphia Dispensary. Practical Obstetric Department.—Resolutions in favour of Dr. Warrington.—At a meeting of the class held at the close of Doct. Warrington's course, Feb. 17, 1840, Mr. J. H. Gamble, of Virginia, chairman, and Mr. Thomas W. Harris, of Tennessee, secretary, the following preamble and resolutions were unanimously adopted.

While America may justly claim distinction in schools of Practical Anatomy, Clinical Medicine, Surgery, Chemistry, and Botany, it has hitherto been a source of regret amongst the votaries of medical science, that no effective institution has, until recently, been established, combining the practice of Obstetrics with the theory, and that thus annually issued from the halls of her Universities crowned with their highest honours candidates for practice and fame, comparatively unqualified for the duties of the Obstetrician.

Resolved, That we congratulate the rising members of the medical profession in general, and those in particular whose inclination may lead them to the prosecution of Obstetrics and female diseases exclusively, that the barrier hitherto existing to the attainment of this accomplishment, is now entirely removed by the individual enterprise and untiring exertions of the Accoucheur of the Philadelphia Dispensary, who, while enlarging the sphere of his active benevolence to patients, adds, to the facilities afforded by the institution over which he presides, a profound acquaintance with his subject; an established reputation; an extensive practice; unwearied zeal; and a felicity of imparting instruction peculiarly his own.

Resolved, That as the Practical Obstetric Institution of Philadelphia, is not only incomparably valuable in itself, in which the student renders practical in the Lying-in room, the theory of his preceptor, but as it is the only one of the kind in the city, we take this opportunity of making the public aware of the advantages it affords.

Resolved, That as the close of the session unavoidably separates us from an institution so eminently interesting and instructive, we hereby testify our gratitude to Dr. Warrington as a benefactor; our admiration as a teacher, and our esteem as a gentleman.

Resolved, That the Secretary wait upon the editors of the several medical Journals of the city, requesting the publication of the foregoing preamble and resolutions.

Resolved, That Mr. S. Fuller, of Pennsylvania, Mr. J. D. Mason, of Tennessee, and Mr. Thomas W. Harris, constitute a committee to transmit a copy of the proceedings of the meeting to Doct. Warrington.

Signed,

J. H. GAMBLE, *Chairman*.

THOMAS W. HARRIS, *Secretary*.

College of Physicians and Surgeons, New York.—The printed catalogue contains the names of 102 students during the session of 1839–40. The number of graduates in 1839 was 23

New York Dispensary.—This is a most extensive charity. It appears by the printed report, with which we have been favoured by Dr. J. B. Beak, —one of the physicians—that 13,557 persons have been supplied with medicines, and attended to gratuitously, either at the dispensary or at their own residences.

History of Cholera and Physiology of the Nervous System.—The admirable article by Dr. Graves, of Dublin, on the first of these topics; and the no less satisfactory one on the latter subject by Dr. Henry, will be of important use to the candidates for the prize questions “on the Medical Literature of Cholera Morbus,” and on the “Physiology of the Nervous System,” proposed by the Medical Society of the State of New York, and referred to in the last number of the “Intelligencer.” The articles in question are reprinted in the present number of the “Library.”

Baltimore College of Dental Surgery.—This is a new college, which has been recently chartered by the legislature of Maryland. The charter enacts that the professors “shall have full power to confer on any student who shall have attended all the lectures in said College for two terms, and others, who after an examination by the professors shall have been found worthy, the degree of Doctor of Dental Surgery—and the said Professors shall have power, and are hereby directed to accept evidence from any student of his having attended lectures in any respectable Dental or Medical School, for an equal period of time, and receive the same as an equivalent to his having attended one of the terms herein mentioned.”

The annual announcement, before us, shows that the Board of Visitors and Faculty have been appointed, and that the College is consequently organized. Among the names we see those of estimable and competent individuals, of whom we do not think the less because distance has prevented us from having so many opportunities for appreciating their sterling qualities. The Faculty consist of Dr. Horace H. Hayden, Professor of Dental Physiology and Pathology; Dr. H. Willis Baxley, Professor of Anatomy and Physiology; Dr. Chapin A. Harris, Professor of Practical Dentistry; and Dr. Thomas E. Bond, Junr., Professor of Special Pathology and Therapeutics.

*Aneurism of the Aorta with and without Bruit de Soufflet.*¹—Dr. Corrigan said that he exhibited these specimens together, because they agreed with one another in their pathological characters, with one single but most important exception. Both were examples of aneurisms of the ascending aorta; one of them had been taken from the body of a woman named Hamilton, the other from the body of a man named Dunn. They agreed in their size, situation, pathology, and even in their diagnostic signs, with this exception, that in the case of Dunn the bruit de soufflet was never absent while in that of Hamilton it was present. In the case of Dunn the aneurism involved the mouth of the aorta; in the case of Hamilton it did not, there being a portion of the vessel, about an inch and a half from its mouth, perfectly free from disease. In Dunn’s case, too, the heart was very large; in Hamilton it was below the natural size. In Hamilton’s case the valves and the commencement of the aorta being sound, and the action of the heart weak, there was no vibratory motion communicated to the parietes to give rise to bruit de soufflet; but in Dunn’s case there was a flaccid state of the heart, with disease of the aortic valves. Dr. Corrigan thought that, as a general rule, bruit de soufflet would be found in all cases where the aortic valves were diseased, and that it would be absent where they were sound.—*Dublin Journal of Medical Science.*

¹ *Land. Med. Gaz.*, Dec. 27, 1839, p. 526.

GRADUATES OF JEFFERSON MEDICAL COLLEGE.

At a public commencement, held on Friday, the 6th of March, 1840, the degree of Doctor of Medicine was conferred on the following gentlemen by the Rev. Ashbel Green, D. D., LL. D., President of the Board of Trustees of Jefferson Medical College of Philadelphia. The subject of each graduate's thesis is appended to his name and residence.

- R. Coulter Beatty, Pennsylvania, Amenorrhœa.
 Nicholas Brewer, Maryland, Scarlatina.
 Harvey Baldwin, Connecticut, Powers of Medicinal Articles.
 Morris B. Beck, Virginia, Scarlatina.
 Andrew Bruce, Pennsylvania, Cathartics.
 William Christie, New York, Cynanche Trachealis.
 E. D. Connor, Alabama, Acute Gastritis.
 Z. T. Chunn, Virginia, Acute Dysentery.
 Edward Crosby, New York, Dyspepsia.
 J. D. Cochran, Pennsylvania, Blood.
 John W. Eldred, Pennsylvania, Acute Rheumatism.
 J. M. Forshey, Ohio, Yellow Fever.
 O. R. Fassitt, New York, Diseases of the Iris.
 J. H. Grier, Jr. Pennsylvania, Scarlatina.
 William Graydon, Pennsylvania, Circulation.
 Albert P. Hale, Maine, Rubeola.
 Henry Houts, Ohio, Croup.
 W. F. Irland, Pennsylvania, Apoplexy.
 John Ireland, Maryland, Acute Rheumatism.
 John D. Irvine, Michigan, Acute Hepatitis.
 O. P. James, Pennsylvania, Oil Terebinth. in Cynanche Trachealis.
 Theodore H. Jewett, Maine, Peritonitis.
 E. R. Jones, South Carolina, Pneumonia.
 W. H. Locke, Maryland, Emetics.
 Jacob F. Lambert, Pennsylvania, Medical Errors.
 M. G. Lewis, South Carolina, Malaria.
 Holmes C. Marsters, Nova Scotia, Acute Bronchitis.
 E. H. Moore, Virginia, Doctrines of Inflammation.
 J. M. Mathews, Pennsylvania, Constipation.
 Richard H. Marsteller, Virginia, Scarlatina.
 J. F. Mortimer, Virginia, Cholera Asphyxia.
 J. McIntyre, Louisiana, Yellow Fever.
 Stephen D. Muldowny, Missouri, Menstruation.
 George S. Newman, Virginia, Cold Applications.
 C. Bell Nottingham, Virginia, Phrenology.
 Joshua Owen, New Jersey, Scarlatina.
 Eustace W. Parker, North Carolina, Gonorrhœa.
 George H. Park, Upper Canada, Formation of New Matter.
 Samuel J. Ramsey, Pennsylvania, Dyspepsia.
 Neville C. Reid, Philadelphia, Secretion.
 Isaac Reeve, New York, Phlegmasia Dolens.
 W. C. Stribling, Virginia, Chronic Rheumatism.
 O. P. Skelton, South Carolina, Neuralgia.
 Charles Sellers, Pennsylvania, Signs of Pregnancy.
 H. K. Stamford, Georgia, Dyspepsia.
 Thomas B. Slye, Maryland, Modus Operandi of Cathartics.
 Thomas F. Spady, Virginia, Improvements in Surgery.
 John A. Stuart, South Carolina, Pneumonia Typhoides.
 James L. Sims, South Carolina, Icterus.
 William P. Sheppard, Alabama, Urine Hemorrhage.
 Thomas T. Towles, Virginia, do, do.
 Joseph J. Thaxton, Virginia, Phlogosis.
 Landon Taliaferro, Virginia, Gonorrhœa.
 Charles Wells, New Hampshire, Cynanche Trachealis.
 Walter Ward, Massachusetts, Dyspepsia.
 Thomas W. Young, Virginia, Digestion.
 Augustus T. Zevely, North Carolina, Phosphoric Acid.

The honorary degree of M. D. was conferred on Joseph Milnor, Allentown, Monmouth county, New Jersey.

An appropriate valedictory address was delivered by Professor Green.

*North of England Medical Association.*¹—A meeting of the Physicians and Surgeons of the northern counties of England (convened by a requisition bearing 100 signatures) was held at Newcastle-upon-Tyne, on Thursday, 14th November, "to consider the steps proper to be taken, with a view to obtain from Parliament such legislative measures, in reference to the Medical Profession, as are best calculated to protect the interests of its members, and to promote the public welfare." Dr. Headlam (the senior physician of the town) having been called to the chair, and Mr. C. T. Carter requested to act as secretary, a number of resolutions were proposed, and unanimously adopted; the principal object of which related to the establishment of a "North of England Medical Association." The government of the society is to be vested in a president, eight vice presidents, a treasurer, a secretary, and a council, all of whom are to be chosen annually, by *open vote*; proxies being allowed for members residing more than fifteen miles from the place of meeting. Any gentleman is to be eligible as a member who possesses a physician or surgeon's diploma, or a license of the Society of Apothecaries, London, or who shall have been in practice previously to the year 1815. The subscription is 1*l.* per annum. There are to be two regular meetings in each year, held at such times and places as the council shall determine, and a *special* meeting may at any time be called, either by the council, or by the secretary, in compliance with a requisition addressed to him, and signed by at least twenty members. A provisional committee has been appointed to arrange the preliminary proceedings of the first general meeting, which is to be held in January, and to prepare, for the consideration of that meeting, a report on the present state of the Medical Profession, and petitions (in connection therewith) to both houses of Parliament. Notwithstanding an extremely unfavourable state of the weather, about one hundred and fifty gentlemen attended the meeting; some from distant parts of Northumberland, Cumberland, and Durham; and the proceedings were characterised by the greatest harmony and unanimity.

BOOKS RECEIVED.

From the Author.—Memoranda for Practitioners in Midwifery. By Edward Rigby, M. D. &c., Lecturer on Midwifery, &c., at St. Thomas's Hospital, Assistant Physician to the General Lying-in Hospital, London. First American edition, with additions, by S. C. Foster, M. D., Licentiate of the Dublin Lying-in Hospital, &c. 24mo. pp. 63. New York, 1840.

From Professor J. B. Beck.—University of the State of New York. College of Physicians and Surgeons. Annual Catalogue, 1839-40. 8vo. pp. 12. New York, 1840.

From the same.—The Annual Report of the Board of Trustees of the New York Dispensary, Jan. 1840. 8vo. pp. 12. New York, 1840.

Annual announcement of the Board of Visitors of the Baltimore College of Dental Surgery. 8vo. pp. 7. Baltimore, 1840.

A Catalogue of the Officers and Students of Jefferson Medical College of Philadelphia. Session 1839-40. 12mo. pp. 12. Philadelphia, 1840.

¹ Lond. Med. Gaz., Dec. 27, 1839, p. 526.

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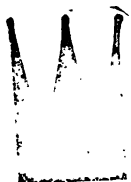
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JUN 1969

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